

Overview

The Special Services at Home (SSAH) program provides funding for families caring for a child with a physical and/or developmental disability.

You can use this funding for:

- caregiver relief
- activities of personal growth and development for the child
- specialized camps and/or recreational programs

To read more about eligible services, visit www.ontario.ca/page/special-services-home#section-7.

If the child is deemed eligible for SSAH, funding will be provided based on availability of funds. The child may be placed on a wait list until funding becomes available.

For explanation of the terms used in this application, see Appendix A: Definitions.

Eligibility

To apply for the SSAH program, you must be the child's parent or legal guardian with decision-making responsibility (the applicant) and the child must:

- be under 18 years of age
- have a written diagnosis of a developmental and/or physical disability from a physician, psychologist or psychological associate, nurse practitioner, ophthalmologist and/or audiologist
- be a resident of Ontario and legally entitled to live in Canada (for example, be a citizen, landed immigrant, holder of Minister's Permit or a refugee entitled to live in Canada)
- live at home and not receive support from other residential services

Only one individual with decision-making responsibility for the child can apply for funding. If you have a parenting order (joint custody) for the child, only one parent can apply for funding.

Please note that children under the care of children's aid societies are not eligible for the SSAH program.

Before you apply

You will be asked to provide information about:

- the individual or agency assisting you with completing your application (if applicable) such as their full name, phone number and email address
- you and an alternate contact (if applicable) such as full name, address, phone number and email address
- the child such as full name and date of birth
- the agency that will administer your SSAH funding (if applicable)
- the amount of support the child needs in various areas (such as personal development, supervision, personal care, etc.)

The Ministry of Children, Community and Social Services (the ministry) will require consent from all people included in this application for the collection, use and release of their information. This includes consents from you, the child and the alternate contact (if applicable).

As part of your application, you will need to attach:

- a copy of the child's **written diagnosis** of physical and/or developmental disability from a physician, psychologist or psychological associate, nurse practitioner, ophthalmologist and/or audiologist that includes a description of the disability
- documentation of proof of **immigration status or citizenship in Canada** for the child (such as the child's Canadian birth certificate, certificate of Indian Status, Canadian passport, Permanent Resident card, or Immigration, Refugees and Citizenship Canada letter)
- documentation of **proof of residency in Ontario** for the child (such as the child's school registration document, your valid Ontario driver's license or your utility bill). To learn more about acceptable documents for proof of residency in Ontario, visit www.ontario.ca/page/documents-needed-get-health-card#section-1.

You can only submit one application for the child. Submitting duplicate applications will result in delays in processing your application.

Submitting your application

Once you complete your application, you can send it to your local ministry regional office along with the required documentation. For a list of the

ministry regional offices and contact information, please visit <https://www.ontario.ca/page/regional-offices-ministry-children-community-and-social-services>.

After you submit your application

The ministry will review your application to determine if you are eligible for the SSAH program and notify you in writing by mail of the ministry's decision regarding your application.

The ministry may contact you for clarification or to seek additional information, if required.

Notice of collection of personal information

To process your application for the SSAH program, the ministry will be collecting information about you, the child and an alternate contact (if applicable) in accordance with the *Freedom of Information and Protection of Privacy Act* (FIPPA) and the *Child, Youth and Family Services Act* (CYFSA).

This information will be used for the purposes of:

- verifying identity
- managing the child's file
- determining your and the child's eligibility for funding
- administering funding and addressing funding-related issues

Read more about the collection of personal information and how it will be used in Appendix B: Notice of Collection of Personal Information.

Get help with your application

If you require assistance with completing your application, you can reach out to:

- community agencies
- **health care professionals**¹
- social workers
- family or friends
- other individuals who may be involved in the child's regular care and treatment

If you have any questions about this application, please contact your local ministry regional office:

<https://www.ontario.ca/page/regional-offices-ministry-children-community-and-social-services>

Fields marked with an asterisk (*) are mandatory.

1. Assistance with completing the application

If someone is assisting you with completing this application, please provide their contact information below.

First Name	Last Name
Agency/Organization Name (if applicable)	
Phone Number Type <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number
Email Address	

2. Applicant Information

The applicant is the parent or legal guardian with decision-making responsibility for the child who is requesting support for the care of a child with a physical and/or developmental disability.

First Name *	Last Name *
Relationship to Child * <input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Guardian	Email Address *
Primary Phone Number Type * <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Primary Phone Number *
Alternate Phone Number Type <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Alternate Phone Number

Address Information

Provide your home address.

Street Number and Name *	P.O. Box (if applicable)	Rural Route (if applicable)
City/Town *	Province *	Postal Code *

3. Child Information

First Name *	Middle Name
Last Name *	Date of Birth (yyyy/mm/dd) *

To be eligible for the SSAH program, the child must be living at home with you, the applicant, and must not be receiving residential support services from other government-funded sources.

Please indicate the statement that applies to you. *

- The child is living at home with me, the applicant.
- The child is not living at home with me, the applicant.

If you answered "The child is not living at home with me, the applicant" above, please note that this may impact your eligibility for the SSAH program. The ministry may contact you for additional details when reviewing your application. Please complete the following question.

Please provide details.

What is the child's current lived **gender identity**³? *

- | | | |
|--|--|--|
| <input type="checkbox"/> Woman/Girl | <input type="checkbox"/> Man/Boy | <input type="checkbox"/> Gender Non-binary |
| <input type="checkbox"/> Transgender (woman/girl) | <input type="checkbox"/> Transgender (man/boy) | <input type="checkbox"/> Two-spirit |
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Prefer not to say | |
| <input type="checkbox"/> Another Gender Identity - Please specify: _____ | | |

4. Alternate Contact Information

If you would like to add an alternate contact for the child, please provide their information below. The alternate contact can be a parent, guardian, family member or family friend.

First Name

Last Name

Relationship to Child

- Parent Guardian Family Member Family Friend

Primary Phone Number Type

Primary Phone Number

- Mobile Home Work

Alternate Phone Number Type (optional)

Alternate Phone Number (optional)

- Mobile Home Work

Email Address

5. Administration of Funding

Who will be responsible for receiving and managing the funds? *

- I, the applicant, will be receiving and managing the funds.
 An agency will be receiving and managing the funds.

If you answered "An agency will be receiving and managing the funds" above, please complete the following section:

Agency Information

Agency/Organization Name

Agency/Organization Phone Number

Street Number and Name

P.O. Box (if applicable)

Rural Route (if applicable)

City/Town

Province

Postal Code

6. Strengths, Interests and Goals

This section will help the ministry understand how additional support can build on the child's strengths and interests to support their personal development and growth goals.

6A. Strengths and Interests

Please describe the child's unique strengths and interests.

For example: Maya loves to play soccer. She is active and energetic and enjoys interacting with other children.

Child's Strengths and Interests

6B. Goals

Please describe the goals you wish to achieve for the child. This information will provide the ministry with information about the types of supports that can help the child learn new skills and abilities and achieve specific goals.

For example: Maya will improve her ability to move and develop her coordination skills by enrolling in swimming lessons. She will develop life skills and learn how to follow instructions by participating in cooking lessons.

Child's Goals

7. Areas of Support

Decision-making for SSAH considers the amount of support the child needs in the areas listed below.

Please provide details of the child's situation under each area listed in sections 7A through 7E below as applicable.

The examples in each of the areas listed in sections 7A through 7E below are to help you complete the form. You can use these examples or add new ones that describe the child's situation.

7A. Personal Development Support

Provide the personal development supports the child requires (in areas such as communication, social skills, community activities, etc.) and the frequency of support required.

Personal Development Support (Examples: Communication, social skills, community activities/involvement, other)	Frequency of Assistance Child Requires (Options: Constant, Hourly, Daily, Weekly, Reminders)

Additional Comments

7B. Supervision

Provide the supervision supports the child requires (in settings such as in the community and at home) and the amount of support required to ensure the child's safety.

Setting (Examples: In the community, at home, other)	Frequency of Assistance Child Requires (Options: Constant, Hourly, Daily, Weekly, Reminders)

Additional Comments

7C. Behaviour

Provide behaviours of concern for the child (such as aggression, tantrums, self-injury, running away, etc.) and indicate how often assistance is required to support the child to complete activities of daily living or to keep the child and your family safe.

Concerning Behaviour (Examples: Aggression, tantrums/hyperactive, self-injury, destruction of property, running away, withdrawn behaviour, behaviour that is significantly disturbing to self and/or others, other)	Frequency of Assistance Child Requires (Options: Several times daily, Once a day, Several times per week, Once a week, Sometimes)

Additional Comments

7D. Personal Care

Provide the child's personal care needs (such as dressing, eating, bathing, mobility, etc.) and indicate how often assistance is required.

Personal Care Need (Examples: Dressing, eating, bathing, mobility, going to washroom/toileting, lifting/transfers associated with personal care, other)	Frequency of Assistance Child Requires (Options: Several times daily, Once a day, Several times per week, Once a week, Sometimes)

Additional Comments

7E. Health and Medical (if applicable)

Describe the child's health and medical needs, such as medication management, catheterization, tube feeding, seizure control, etc.

Include the type of assistance required and how often the child requires assistance, if applicable.

8. Family Situation

SSAH decision-making considers the unique needs of the family.

The following are examples of special considerations that may affect your family's ability to support the child.

Please check the considerations that apply to your situation and add additional comments as needed. *

- You are senior caregivers (over the age of 65)
Indicate the number of senior caregivers (over the age of 65)

Additional Comments

You have other children who are 3 years of age or under

Indicate the number of other children who are 3 years of age or under

Indicate the age of each child

You have other children with a disability who are 17 years of age or under

Indicate how many other children under the age of 17 in your family have a disability

Provide additional details, including their ages and a description of their disability.

Other members of your family require care (such as parents, grandparents, other relatives)

Indicate how many other members of your family require care (such as parents, grandparents, other relatives)

Provide additional details of the members of your family and the care they require.

The child is on the waiting list(s) for other services

Provide details about the services the child is waitlisted for.

You are a single parent

Additional Comments

You have extensive travel to services and supports related to the care of the child

Additional Comments

You have extensive travel to appointments related to the care of the child

Additional Comments

You can provide other family considerations.

Examples include:

- your health or the health of other members of your family (such as chronic illness or mental health disorders that impact the ability to care for the child, etc.)
- family/financial stress
- changes to your family situation
- other

9. Informal Support Networks

SSAH decision-making considers the informal support that may be available to you and the child. This could be from family members, volunteers, neighbours, friends, etc.

Do you have access to informal supports? *

- Yes, I have access to informal supports.
- Yes, I have limited access to informal supports.
- No, I do not have access to informal supports.

Additional Comments

Attachments

You must attach the following documents to this application.

Please note that submitting incorrect documents will result in a delay in processing your application.

- Copy of medical documentation *
A copy of the child's **written diagnosis** of physical and/or developmental disability from a physician, psychologist or psychological associate, nurse practitioner, ophthalmologist and/or audiologist that includes a description of the disability.
- Proof of immigration status or citizenship in Canada *
Documentation of proof of **immigration status or citizenship in Canada** for the child (such as the child's Canadian birth certificate, certificate of Indian Status, Canadian passport, Permanent Resident card, or Immigration, Refugees and Citizenship Canada letter).
- Proof of residency in Ontario *
Documentation of **proof of residency in Ontario** for the child (such as the child's school registration document, your valid Ontario driver's license or your utility bill). To learn more about acceptable documents for proof of residency in Ontario, visit www.ontario.ca/page/documents-needed-get-health-card.

Consents

The ministry requires consent from all people included in this application for the collection, use and release of their personal information. This includes consents from you, the child and the alternate contact (if applicable).

For the collection, use and release of the child's **personal information**⁵ and **personal health information**⁶, you will be required to do one of the following:

a) If the child does not have **capacity**⁴ to provide informed consent, you will be required to provide consent on behalf of the child.

OR

b) If the child has **capacity**⁴ to provide informed consent, you will be required to attest that the child has reviewed and provided their consent.

A. Consent to collect and share information with the individual or agency assisting you with completing this application (if applicable)

If an individual or agency is assisting you with completing this application, consent is required for the **exchange**² of your **personal information**⁵ and the child's **personal information**⁵ and **personal health information**⁶ between the ministry and the individual or agency so they can assist you with completing this application.

I, the applicant, have reviewed and consent to the sharing of my information as outlined above. *

Complete one of the following: *

I, the applicant, have reviewed and provide consent on behalf of the child for the sharing of their information as outlined above.

OR if the child has capacity to provide informed consent, you will be required to attest that the child has reviewed and provided their consent below.

I, the applicant, attest that the child has reviewed and consents to the sharing of their information as outlined above.

If you have added an alternate contact in this application, the ministry requires the alternate contact's consent in order to exchange their personal information with the individual or agency assisting you with completing this application.

I, the applicant, attest that the alternate contact has reviewed and consents to the sharing of their information as outlined above (required, if applicable).

B. Consents related to the alternate contact (if applicable)

If you have added an alternate contact in this application, the ministry requires the alternate contact's consent to collect their **personal information**⁵ from you for the purposes of verifying their identity when they contact the ministry to make inquiries about this application.

I, the applicant, attest that the alternate contact named in this application has reviewed and consents to the sharing of their information as outlined above.

Consent is required to release your **personal information**⁵ and the child's personal information and **personal health information**⁶ to the alternate contact when they contact the ministry to make inquiries about this application. If consent is not provided, your and the child's information cannot be shared with the alternate contact.

I, the applicant, have reviewed and consent to the sharing of my information as outlined above (required, if applicable).

Complete one of the following: *

I, the applicant, have reviewed and provide consent on behalf of the child for the sharing of their information as outlined above.

OR if the child has capacity to provide informed consent, you will be required to attest that the child has reviewed and provided their consent below.

I, the applicant, attest that the child has reviewed and consents to the sharing of their information as outlined above.

C. Consent to collect and share information with the agency administering the funding (if applicable)

Consent is required for the **exchange**² of your personal information and the child's **personal information**⁵ and **personal health information**⁶ between the ministry and the agency who will be managing and receiving the SSAH funding for your family.

The consents will allow the ministry to release the SSAH funding to the agency as well as provide the agency with information about your application and the management of the SSAH funding when they contact the ministry to make inquiries.

I, the applicant, have reviewed and consent to the sharing of my information as outlined above (required, if applicable).

Complete one of the following: *

I, the applicant, have reviewed and provide consent on behalf of the child for the sharing of their information as outlined above.

OR if the child has capacity to provide informed consent, you will be required to attest that the child has reviewed and provided their consent below.

I, the applicant, attest that the child has reviewed and consents to the sharing of their information as outlined above.

Attestation

I, _____, certify that: *

Name of Applicant *

- the child meets the eligibility requirements for the SSAH program (is under the age of 18; is a Canadian citizen and a resident of Ontario; and has a written diagnosis of a developmental and/or physical disability from a physician, psychologist or psychological associate, nurse practitioner, ophthalmologist and/or audiologist)
- I am the only applicant, to the best of my knowledge, applying for the SSAH program on the child's behalf
- the information provided in this application is to the best of my knowledge, correct and true
- I will inform the Ministry of Children, Community and Social Services if there are any changes to the information I have provided or if there has been a change to my or the child's circumstances that would affect eligibility for the SSAH program
- I understand that it is against the law to knowingly provide false information in an application for the SSAH program

Appendix A: Definitions

1. A **health care professional** can include a physician, psychologist, nurse practitioner, occupational therapist, physiotherapist or other individuals who may be involved in the child's regular care and treatment.
2. **Exchange** of information means the indirect collection of your personal information and the child's personal information and personal health information from third parties and disclosing (i.e., sharing or releasing) this information to third parties.
3. **Gender identity** is each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their birth-assigned sex. Gender identity is fundamentally different from a person's sexual orientation.
4. **Capacity** means an individual is able to:
 - understand the information that is relevant to deciding whether to consent; and
 - appreciate the reasonably foreseeable consequences of giving, withholding or withdrawing the consent
5. **Personal information** is recorded information about an identifiable individual. This includes, but is not limited to, your name, address, phone number, email address and employment and financial information.
6. **Personal health information** includes identifying information that relates to an individual's physical or mental health. This includes, but is not limited to, health conditions, diagnoses, health history and health care services accessed.

Appendix B: Notice of Collection of Personal Information

The collection of **personal information**⁵ and **personal health information**⁶ by the Ministry of Children, Community and Social Services (MCCSS) in this application is authorized by ss. 38(2) and 39(1)(h) of the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31 (FIPPA) and ss. 25 and 283 of the *Child, Youth and Family Services Act*, 2017, S.O. 2017, c. 14, Sched. 1 (CYFSA).

Your personal information and the child's personal information and personal health information that is collected in this application will be used for the purposes of:

- verifying identity, managing the child's individual file and determining the child's eligibility for SSAH funding, supports and services
- administering funding and addressing any funding-related issues

The ministry is also authorized to indirectly collect your and the child's personal information and the child's personal health information from service providers assisting you with completing your application under subsections 38(2) and 39(1)(h) of FIPPA and section 283 of the CYFSA.

This information will be collected for the purpose of determining the child's eligibility for funding, supports and services.

The ministry may also use your and the child's personal information for purposes set out at subsection 283(1) of the CYFSA, which include:

- evaluating or monitoring services that the ministry provides or funds under the CYFSA
- conducting activities to improve or maintain the quality of the services that the ministry provides or funds
- auditing and error management activities
- conducting risk management and error management activities in respect of the services that the ministry provides or funds under the CYFSA, and monitoring and preventing fraud or any unauthorized receipt of services or benefits related to any of them
- conducting research and analysis that relate to children and their families, including longitudinal studies, by or on behalf of the ministry that relate to, a service, the transition of children and their families between and out of services, including the resulting outcomes, or programs that support the learning, development, health and well-being of children and their families, including programs provided or funded in whole or in part by the ministry or by any other ministry of the Government of Ontario

Please note that the ministry is bound by the *Freedom of Information and Protection of Privacy Act* (visit www.ontario.ca/laws/statute/90f31) and any information collected by the ministry may be subject to release in accordance with that Act or by order of a court or tribunal.

If you have questions about how we collect and use your personal information, contact Service Ontario:

Toll-free: 1-888-789-4199 from Monday to Friday between 8:30 a.m. to 5:00 p.m.