

# **Funding Tipsheet:** **Special Services at Home**

Email: [Resourcecentre@hollandbloorview.ca](mailto:Resourcecentre@hollandbloorview.ca)



## **What is Special Services at Home (SSAH)?**

- The Special Services at Home (SSAH) program helps families taking care of a child with a developmental and/or physical disability.
- This program provides funding to buy services and supports such as:
  - Support for the child to participate in day-to-day activities.
  - Assistance for the child to participate in activities that support their growth and development.
  - Supports for parents/main caregivers, such as respite services.

## **Eligibility for SSAH**

- To be eligible for Special Services at Home a child must:
  - Need extra support, more than other children in the same age group because of a physical and/or developmental disability, so that they can participate in daily activities at home and in the community.
  - be a resident of Ontario and legally living in Canada.
  - be under 18 years old.
  - live at home with one or both parents, other main caregiver or live separately from their main caregiver without support from other government-funded out-of-home (residential) services.

## What does SSAH Cover?

- Supports for the child to participate in activities of growth and development
  - For example, special clothes, items that support the child's sensory needs, extra lessons, tools for learning, and programs for social skills.
- Support for the child to participate in activities of growth and development
  - Functioning: An activity that helps the child build a skill
  - Family: Helps the child participate in a family activity
  - Friends: Helps the child participate in a social activity
  - Fun: Helps the child do something they enjoy
  - Fitness: Helps the child do a physical activity
  - Future: Helps plan for the child's future
- Respite services and support
  - This includes, hiring someone to directly help with the childcare, camp expenses, purchasing daytime/overnight respite, before/after school care, purchasing a service to help the main caregiver with other household responsibilities while the main caregiver takes care of the child, and training for the main caregiver on how to better support the child

## About this Tipsheet

- **Read the whole application before filling out! This is important to understand what this application is about.**
- This Tipsheet breaks down the application into its sections and provides helpful tips and insights for filling out this application.
- If you need more help to fill out any forms, please scan the QR code to see a list of community partners that can support through form funding clinics.



**\*\*Tip:** Applying for funding does not guarantee acceptance for the grant. If granted, the amount will be decided by the agency and might not cover all expenses. We understand that this is a very frustrating and overwhelming process. Please take breaks as often as needed. **\*\***

# **The SSAH Application**

## **1. Assistance with completing the application**

- Please include information in this section, ONLY if someone in the community is helping with filling out your application. If you are completing the application on your own, please leave this part blank.
- For example, a social worker, service navigator etc.

## **2. Applicant Information**

- This is parent/guardian information.
- Ensure you provide the most accurate email address and phone number.

## **3. Child Information**

- This information is regarding the child you are completing the application for.
- If your child has other living arrangements, such as hospital residence or is living temporarily away from home, please provide details about the dates of this temporary living situation and if they are accessing any residential support during this time.

## **4. Alternate Contact Information**

- If you would like someone who is not your spouse to be able to access this application, please include their contact information. For example, a grandparent, a sibling or a family friend.

## **5. Administration of Funding**

- Special Services at Home funding is an amount of funding that becomes available after approval. Once you receive approval, you will first pay for qualified respite or recreational services and submit an invoice for reimbursement.
- If you choose to manage the funds yourself, you are expected to complete invoices and send them directly to the Ministry of Children, Community and Social Services (MCCSS) on a monthly basis.
- If you choose that an agency will be receiving and managing the funding, then you will complete the invoices and send them to the agency managing the funding.

### **6A. Strength and Interests**

- When completing the form, it's very important to think of everything your child needs to spend time at home and in the community. Think of anything that brings them joy, and how you can use the funds to make it happen.
- Some examples may be spending time with family, playing with their peers, watching YouTube videos, going to the movies, going swimming, playing music, dancing, participating in sports, and other sources of enjoyment.
- It does not mean you will receive enough funding to cover everything, but it is very important to paint a picture of what is needed for your child.
- Be sure to include how this funding will help you to help your child; it's important to tell them how you need help and how respite funding will help you as well.

### **6B. Goals**

- Please note any goals related to your child's disability. It may be beneficial to reference any medical documents or assessment documents. Please also note any goals related to their overall development, building skills of independence as well as any social or communication goals.
- Please include any goals related to frequency of using mobility supports or any mobility related goals.

## **7. Areas of Support**

- This section will determine the amount of support provided by SSAH, please be as detailed as possible to paint an accurate picture of your child and the areas in which they require additional supports.
  - For example: If your child needs full support to eat: daily; if they are non verbal: hourly, if they need support to participate in games: weekly and so on. Be very specific, this is the part they will use to see how much support your child needs.



\*\* Tip: This application can be difficult for parents to fill in because you are writing about all the things your child needs help with. As it is your daily routine to care for and support your child, you may not even notice how busy your day is. It can help to think about how a friend or relative would describe the help your child needs and all the things you do to support them on a daily basis.\*\*

### **7A. Personal Development Support**

- Please indicate the type of support as well as frequency of support – please note that constant support implies the child requires extensive support with the noted supports.
- Write each activity on a separate line, e.g., communication, social skills, community activities.
- Think about if you take your child somewhere, do they need help to talk and play with other children, is it safe to leave them alone with people
- Use the “Additional comments” section to explain why your child needs support
  - For example, “my child is nonverbal, so they always need 1:1 support to play with others – the support person helps them to communicate.”
- This section can also include any support related to sleeping/playing and other developmental supports.

## **7B. Supervision**

- Please note the setting in which the support is required, if they attend daycare or other programs, please specify this information as well.
- Write each setting on a separate line and indicate how often they need supervision.
- Please also note that constant support implies the child cannot be without supervision in the specified setting. Include the type of support you have: can you count on anyone to help you? Do you have family or friends to watch your child? Or is it just you and your spouse?
- Think about if your child understands what is safe and what is unsafe, is your child at risk for falls, aspiration, seizures?
- Use the “Additional Comments” box to explain why your child needs supervision.
  - For example: “my child is Deafblind and cannot navigate an unfamiliar environment without help – this kind of situation is very unsafe for them therefore they require constant supervision.”

## **7C. Behaviour**

- Please note any concerning behaviours as listed as well as frequency of assistance required when engaging in concerning behaviours.
- Any behaviours related to medication can also be included here.
- Remember that this is a confidential form, and the purpose is to get you the funding you need to help your family, if your child has any behaviours, this is the space to list them and the frequency.
- If your child has difficulty sleeping and is awake every night (or several nights each week) for more than 1 – 2 hours, add this as a separate line for behaviour. Some children don't sleep through the night for years and parents are exhausted – this is another reason they need respite funding from SSAH.

## **7D. Personal Care**

- Please note the care need as well as the frequency of assistance.
- For example: Do they need a Gtube? Colostomy bag? Special assistance for eating? Are they on diapers? How many times a day do you change them? During the night? Do you need to change the bed sheet every day?
- In the Additional comments sections, provide details about how long it takes to feed (some children take more than 1 hour to eat one meal) or bathe your child, how many people does it take to bathe your child, do you use special equipment, etc.



**\*\*Tip:** Include Supports with dressing and bathing that may occur more than once a day. **\*\***

## **7E. Health and Medical**

- Note any medication the child needs, if they require tube feeding, support with seizure control and any other supports.
- If your child’s physiotherapist, occupational therapist, speech language pathologist, infant development worker, early childhood vision consultant gives you activities/exercises to do with your child, you can add this information to this section. Write each activity on a separate line and how often each day you must do these activities.
- If this does not apply to your child, please move on to the next question.

## **8. Family Situation**

- Carefully read through the family situations listed and if any of these apply to your situation, indicate as so and provide details explaining the situation, if applicable.
- Please be mindful that the section noting “Other members of your family require care” also includes children over the age of 3 who are still living in your home and require support. This also includes parents with depression, physical limitations, chronic pains, anything that limits you to take care of your child.
- Please also include any information related to your health, family or financial stress as well as any changes to the family situation that may be relevant to the application and would allow SSAH to make an informed decision regarding the allocation of funding.
- If your partner or spouse works long hours and this leaves you responsible for all the care needs for your child, write this in this section.
- In the “Extensive travel to appointments” and extensive travel to services and supports” section, if your child has many appointments each week, you can add them in the additional comments boxes. For example, weekly therapy appointments (OT, PT, Speech), medical appointments, tests (x-ray, blood work,).

## **9. Informal Support Networks**

- Please be mindful when answering this question that family members such as siblings or grandparents may be able to provide some support but may not always be available on a reliable and consistent basis – if this is true, please include this information in the comments.
- Families who are new to the country or live further away from their families and friends should add a note about their situation in the comments.

## **Attachments**

- Make sure you attach all documents needed before you send your application, including medical, proof of immigration status and citizenship in Canada, Proof of residency in Ontario.
- You can add a note from your child's doctor and/or therapist that clearly explains their medical condition and needs if you think it will help with your case.

## **Consents**

- Please read this section carefully.
- If another person helped you fill out the form, section A can be completed.
- If there is an alternate contact, section B can be completed.
- Section C gives consent to SSAH to send personal information to the agency that will be managing and receiving the SSAH funding. Please complete if applicable.



**\*\*Tip:** Please keep a copy of the application for your own records. It might be helpful to keep a binder that contains all your applications and documents.\*\*

Filling out an application is a big accomplishment! You have done great partnering in your child's care and advocating for their needs.

Last updated: July 2024

**Holland Bloorview**

Kids Rehabilitation Hospital