Cognitive Disability Strategy

Application Package

Ministry of Social Services

Saskatchewan

Important Information for this Package

In order to assist you in providing the best, most complete information when applying to the Cognitive Disability Strategy, and avoid having your application returned, a "*Guide to Completing CDS Packages*" has been developed. In the guide, you will find:

- A handy reference to help provide additional information and clarification when filling out the New Application, Renewal, and Amendment Packages;
- A glossary that defines commonly-used terms;
- A Frequently Asked Questions (FAQ) section that will help provide a little more clarification around CDS applications processes, etc;
- A collection of helpful forms for invoicing, service provision, accounting, and sample contracts; and
- Sample Budget Sheets and Goal Setting Worksheets.

Application Checklist

Required activities PRIOR to considering applying for Flexible Funding

1. Able to demonstrate that system staff have collaborated with each other and with others involved to respond to the unmet needs.
2. There is a clear understanding of the unmet needs and how the unmet needs are related to the individual's cognitive disability.

Required information when applying for the Cognitive Disability Strategy:

The fully completed **Cognitive Disability Strategy Application Form** which includes:

- ☐ Consent for Release of Information
- ☐ Application Form
- ☐ Eligibility Criteria
- ☐ Integrated Planning Team
- ☐ Correspondence
- ☐ Cognitive Disability Strategy Resources
- ☐ Goal Setting Worksheet***
- ☐ Budget Proposal***
- ☐ Any required professional documentation to support plan

******These two sections only need to be completed if you are applying for Cognitive Disability Flexible Funding.***

- ☐ Most recent Notice of Assessment. This can be included with the package, or if preferred, forwarded on its own to the below contact.
- ☐ Submit completed application package to:

Please Note: Incomplete forms will be returned.

Consent for Release of Information

The Cognitive Disability Strategy committees will be reviewing information that is submitted to decide if you/your child's support needs could be best met through accessing funding or behavioural support from the Cognitive Disability Strategy.

Before the Cognitive Disability Strategy committees can review your information, consent from you/a parent/legal guardian is required.

I/Parent or Legal Guardian, _____of _____ understand the following documents have been enclosed with the application/renewal/amendment for Cognitive Disability Benefits:

- ☐ Application/Renewal/Amendment package
- ☐ Notification of Assessment (NOA) from Canada Revenue Agency
- ☐ Other: _____

I consent to this information being released by the Ministry of Social Services, Cognitive Disability Strategy Intake Committees and Cognitive Disability Strategy Consultants for purposes of:

a) Determining if I/my child is eligible to receive Cognitive Disability Benefits.
b) Determining if I/my child can access the supports from the Cognitive Disability Consultant.

The information being released is for _____
(name of person the application/renewal/amendment is for).

I understand this information will be released to the Cognitive Disability Committees which consist of representatives from the following organizations:

Ministry of Justice
Ministry of Social Services
Ministry of Health
Ministry of Education
Cognitive Disability Consultants and their host agencies
Host Agencies
Community-Based Organizations
Saskatchewan Abilities Council Inc.

I understand that members of the Cognitive Disability Committees will review their specific organization information only to determine if there is a role that someone in their organization has with the identified individual AND to assist in determining if the identified individual meets the criteria for the Cognitive Disability Strategy.

I understand that a file will be opened with the Ministry of Social Services. The purpose of this file will be to allow for payments to be made if Cognitive Disability Benefits are approved.

I understand the Ministry may have information about me/my child related to one or more of the following:

- Information relating to: financial assistance, employment programs, training allowances and benefits, employment assistance for persons with disabilities, career and employment services, seniors benefits, child care subsidy programs, child care inspections, investigations, licensing, funding or qualifications, intellectually challenged individuals and approved private-service home operators. (Protected under *The Freedom of Information and Protection of Privacy Act*).

- Information relating to: medical reports, doctor's notes or letters and medical assessments. (Protected under *The Health Information Protection Act*)

- Information pertaining to: Child and Family Services involvements. (Protected under *The Health Information Protection Act*)

I further understand that the Ministry will only release as much information as is required in order to process the application.

I understand that I have the right to revoke this consent at any time and that revocation of this consent may be made orally or in writing to Ministry officials. I understand that my revocation of this consent is not retroactive and therefore does not affect uses or disclosures that have already been made according to my prior consent. I further understand that the withdrawal of consent may result in the inability to determine eligibility and may result in my application being rejected.

Signature of applicant	Signature of parent/guardian	Date

Unless a shorter time frame is noted, consent does not extend beyond 12 months. New consents are required after 12 months.

For MSS use only:		
Expiry date of consent:		
Reasonable assurance consent is informed and voluntary:	Yes ☐	No ☐
Withdrawal of consent:		
Date received:		
Details of withdrawal: (Provide date and details as to how consent was withdrawn. If withdrawn in writing, attach withdrawal to this document.)		

Saskatchewan Cognitive Disability Strategy Application Form

Applicant Information:

Date of application:		
Name:		**Phone #:**
Home Address:	**City:**	**Postal Code:**
Mailing Address:	**City:**	**Postal Code:**
Date of Birth (YYYY/MM/DD):		**Health #:**
Gender:	**Diagnosis (if known):**	

Is the applicant a permanent Canadian Resident? Yes ☐ No ☐

Constitutional Status (voluntary): Status Indian ☐ Non-Status Indian ☐ Not Applicable ☐

Does applicant live on Reserve: Yes ☐ **Reserve** _____ No ☐
(please specify)

Applicant (18 or older) or caregiver currently receiving Social Assistance? (Check one)

Saskatchewan Assistance Plan (SAP) ☐ **Saskatchewan Assured Income for Disability (SAID)** ☐

Band Assistance **Name of Band:** _____

Is the applicant currently attending school? ☐ Yes ☐ No ☐

School Name: _____ **Division:** _____

Is the applicant currently attending a day program? Yes ☐ No ☐

Day Program Name/Provider: _____

Please complete if applicable:
Is there more than one individual with a disability living in the family home? **Please see Line 3 of the Reference Section of *"Guide to Completing CDS Packages"*** **Yes** ☐ **How Many?**_____ **No** ☐

Caregiver Information:

Name of parent/caregiver:		**Contact #:**
Relationship to Applicant:		
Parent ☐	**Foster Parent** ☐	**Approved Home Operator** ☐
Other (please specify)		
Address of Parent/Caregiver: ☐	**Same as applicant** ☐	**Separate from applicant** ☐
Mailing Address:	**City:**	**Postal Code:**

Government of Saskatchewan

Primary Community Services Planning Information:

Primary Community Services Planning Person:		
See Line 1* on the Reference Section of *"Guide to Completing CDS Packages"		
Agency Name:		**Phone #:**
Agency Address:	**City:**	**Postal Code:**
Phone #:	**Email Address:**	

Additional Information:

In the space provided, please include applicant's current situation and how this individual's daily living is impacted by their disability. (See Line 2 of the "*Guide to Completing CDS Packages*")

Eligibility: Five (5) Criteria

Cognitive Disability Strategy Eligibility: In the space below, please describe how the individual is impacted in relation to each of the five (5) criteria. Please give examples where possible. The Cognitive Disability Strategy is not diagnosis or IQ based (applicants do not require formal diagnosis or a specific IQ score); however, all five of the following criteria MUST be met.

1. Significant limitations in learning and processing information. Individuals are limited in retaining knowledge, learning skills, making decisions, and/or communicating with others.
Description:

2. Behaviour Challenges that result in limited interpersonal, social, and emotional functioning.
Description:

3. Developmental challenges that limit capacity to adapt to daily living in areas such as self-care, independence at home, in the community, at work or leisure.
Description:

4. Limitations and impairments that are persistent and long-term. Please provide formal diagnosis, IQ information, etc., if available.
Description:

5. What are the individual's unmet needs and/or requests for services?
Description:

Integrated Planning Team

See Line 4 of Reference Section in "*Guide to Completing CDS Packages*"		
Team member name, agency and contact information	**Role they play on the individual's team**	**How did the individuals participate in the creation of the integrated plan?**

Correspondence

Please identify who you would like correspondence regarding Cognitive Disability Strategy to be shared with:

Name:	Address:	Phone:
Agency:	Email:	
Name:	Address:	Phone:
Agency:	Email:	

Cognitive Disability Strategy Resources

There are three (3) resources you can access through Cognitive Disability Strategy. Please mark an (X) for the resource(s) your plan requires in the boxes below.

Resource Requested
Assessment and Diagnosis: ☐ *It is believed the individual would benefit from further assessment and diagnosis to assist with further developing an integrated support plan and accessing services.*
Cognitive Disability Strategy Flexible Funding: ☐ *Requests for flexible funding are made to meet a gap in services for an individual with a cognitive disability.* **Please see Line 5 of the Reference Section of "*Guide to Completing CDS Packages*"**
Has a DLSA been completed? Yes ☐ No ☐ DLSA Score: _____ If yes, was one completed by: CLSD ☐ Child and Family Services ☐ If no, please provide the following information about a person who knows the applicant well and can answer questions about daily living: Respondents Name: _____ Daytime Phone #: _____ Address: _____
Cognitive Disability Consultant Support: There are two options available in this category, please check which support(s) you will be requesting:
Consultation to Planning: ☐ *Consultants can provide guidance to help develop/mentor new teams and teams who are struggling with supporting individuals with complex needs.*
Behaviour Assessment and Support: ☐ *Consultants can provide guidance to teams dealing with complex behavioural challenges. Requests for support need to be focused on a specific goal and are time limited.*

Goal Setting Worksheet

See Line 6 of Reference Section of *"Guide to Completing CDS Packages"*

Please provide supporting documentation for all requests from referring professional.

Individual's desired outcome (goal)	Rationale	Specific steps required to meet desired outcome	Person responsible

Budget Proposal

1. Please identify all funds currently being received on behalf of the applicant.		
Identify funding that has been received from other sources e.g. Community Living Service Delivery, Child and Family Services, Level of Care funding from Income Assistance, home care, etc.	**What is funding being used for?** e.g. respite, transportation , travel, support contract, etc.	**Monthly amount received**

2. Please identify funds being requested from Cognitive Disability Strategy.		
Detailed Budget item e.g. hours, rate of pay, km, etc.		**Cost**
Total Proposed Budget Request	**Monthly Total** **$**	**Yearly Total** **$**

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