



Cognitive Disability Strategy

Application Package

Ministry of Social Services

Important Information for this Package

In order to assist you in provided the best, most complete information when applying to the Cognitive Disability Strategy and avoid having your application returned, a “Guide to Filling out 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 some of the more confusing terms
- A Frequently Asked Questions (FAQ) section that will help provide a little more clarification around CDS applications processes et cetera.
- A collection of helpful forms for invoicing, service provision, accounting, and sample contracts
- Sample Budget Sheets, Goal Setting Worksheets et cetera

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 need/s.
2. There is a clear understanding of the unmet need/s and how the unmet need/s 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:
 - o Consent for Release of Information
 - o Application Form
 - o Eligibility Criteria
 - o Integrated Planning Team
 - o Correspondence
 - o Cognitive Disability Strategy Resources
 - o Goal Setting Worksheet ***
 - o Budget Proposal ***
 - o 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 Revenue Canada
- 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

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: N/A:
- Does applicant Lives on Reserve? Yes: Reserve (please specify): _____ No:
- 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: _____
- 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: _____

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: _____ City: _____ Postal Code: _____

Primary Community Services Planning Person: _____

See Line 1 on the Reference Section of "Guide to Filling out 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 Filling out a CDS Application*

Eligibility: 5 Criteria

Cognitive Disability Strategy Eligibility: In the space below, please describe how the individual is impacted in relation to each of the five 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, et cetera if available.

Description:

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

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

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 Line5 of the Reference Section of "Guide to Completing CDS Packages"*

Has a DLSA been completed? Yes: No:

If yes, was one completed by: CLSD: Child and Family Services? DLSA Score: _____

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.

Budget Proposal

Please use additional paper if required

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, et cetera.	What is funding being used for? e.g. respite, transportation, travel, support contract, et cetera	Monthly amount received

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 expected outcome - Long, medium, short term goal? - What you want to see at the end of the goal timeline?	Rationale - Why is the goal important?	Specific steps to meet desired outcome - How will the goal be met? - How will progress be measured?	People responsible - Who will be supporting the person to achieve the goal?	Detailed budget item to meet goal - Is there a cost to meeting the goal? - Examples are wages, hours, km., equipment etc. - Can it be met without cost?	Cost
1.						
2.						
3.						

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Total Proposed Budget Request:	Monthly Total: \$	Yearly Total: \$
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Saskatchewan Cognitive Disability Strategy Recommendation Summary

****To be completed by CDS representative only**

Location: _____ Date Reviewed by Intake Committee: _____

Application Type: New: Renewal: Amendment: Follow up:

Applicant's Name: _____ Applicant's DOB (YYYY/MM/DD): _____ Age: _____

Household Income: _____ Day Program: _____ Diagnosis: _____ DLSA: _____

Summary of Request/Summary of Previous Year				Agencies/Systems Involved
Team identified:	YES	NO	Need more info	
Goals identified:	YES	NO	Need more info	
Plan identifies how goals will be met:	YES	NO	Need more info	
Plan identifies measures for success:	YES	NO	Need more info	
Needs identified are unmet:	YES	NO	Need more info	
Review of last year's plan provided:	YES	NO	Not Applicable	

Discussion/Recommendations (including details on follow-up/information required)

Recommended for approval	Not Recommended for approval
_____	_____

Payment Detail	Amount	Payment Style	Payee (address & phone number)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Requested Amount: _____ Eligible Amount (confirmation required in Regina): _____

Start Date: _____

End Date: _____

Regional Intake Representative

Signature

Date