

# Saskatchewan Cognitive Disability Strategy Application Form

\* This application should be completed with the support of your team lead (*Appendix C of this package*). For more information please visit: <http://publications.saskatchewan.ca/#/categories/222> for the contact information for your local Cognitive Disability Strategy Consultant (CDC) and the 'Frequently Asked Questions' document.

## Supports/Services Requested *(Please check all that apply)*

### 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.

### Flexible Funding:

Flexible funding requests can assist individuals with unmet service needs.

## Section 1: Applicant Information

This section collects information about the applicant. The "applicant" is the individual with the cognitive disability.

<b>Date of application:</b> (Click or tap to enter date.)	<b>PHN (Health card)#:</b> (Click or tap to enter number.)
<b>Name:</b> (Surname, Full Name)	<b>Is the applicant a Canadian citizen or Permanent Resident of Canada?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to disclose	<b>Birth Date:</b> (Click or tap to enter a date)
<b>Constitutional status:</b> <input type="checkbox"/> Status Indian <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Not Applicable	<b>Does the applicant live on-reserve?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Marital status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced/Widowed <input type="checkbox"/> Single	<b>Current Living situation:</b> <input type="checkbox"/> Independent <input type="checkbox"/> Family Home <input type="checkbox"/> CLSD Approved Private Service Home (APSH) <input type="checkbox"/> Other (please specify):

<b>Home Address:</b>	Street, City/Town, Province, Postal code
<b>*Mailing Address</b> <i>(Preferred address for correspondence if different from home address.)</i>	Street, City/Town, Province, Postal code

**\*\* Please note:** Correspondence will be sent to the applicant's mailing address listed above unless email is the preferred method of communication. Team leads and CDCs will receive e-mail copies of correspondence.

Please check if you prefer correspondence via email.

<b>Email Address:</b> (Click here to enter text.)	<b>Phone Number:</b>
<b>Daily Living Support Assessment (DLSA) score</b> (if available): <a href="https://publications.saskatchewan.ca/api/v1/products/100082/formats/110330/download">https://publications.saskatchewan.ca/api/v1/products/100082/formats/110330/download</a> (Click or tap to enter text below.)	<b>Diagnosis (if known):</b> (Click or tap to enter text below.)

## Section 2: Caregiver Information *(if applicable)*

**Name:** (Surname, Full Name)

**Phone Number:**

**Email Address:** (Tap here to enter text.)

**Marital status** *(only applicable to children under the age of 18's caregiver):*

- Married
- Common-Law
- Divorced/Widowed
- Single

**Relationship to the applicant:**

- Parent
- Legal guardian
- Persons with Sufficient Interest
- Other (please specify):

## Section 3: Financial Information *(only for flexible funding requests)*

**CDS flexible funding is income tested. This means information about the applicant's income is required.**

Information about the **household** income is required. For CDS, household income is calculated based on the combined income(s) of adults living in a conjugal (married or common law) relationship in the home. **Each** partner must provide a Notice of Assessment (NOA).

If the applicant is **18 years of age or older**, and is receiving SAP or SAID, an NOA is not required.

If the applicant is **18 years of age or older** and is **not** receiving SAP or SAID, the applicant's NOA is required.

**Is the applicant (18 or older) or caregiver currently receiving Social Assistance?**

- No
- Yes, please check one of the options below:
  - Saskatchewan Assured Income for Disability (SAID)
  - Saskatchewan Assistance Plan (SAP)

**Notice of Assessment (NOA) submitted:**

For applicants 18 years of age and older, who are not receiving SAP or SAID an NOA (line 236) is required.

For applicants under the age of 18, the caregiver(s) NOA(s) is/are required to assess household income.

- Yes (Applicant/Partner #1)     (Partner #2)
- No

Applicant/Partner 1 Line 236 amount \_\_\_\_\_

Partner #2 Line 236 amount \_\_\_\_\_

In addition to the applicant, are there any other individuals living in the family home who have a disability and meet the eligibility criteria for the Federal Disability Tax Credit (DTC)? To find out if you may be eligible for the DTC please see:

- No  
 Yes (Please enter how many individuals qualify in addition to the applicant.)

<https://www.canada.ca/en/revenue-agency/services/tax/individuals/segments/tax-credits-deductions-persons-disabilities/disabilitytax-credit.html>

### Section 4: Team Lead and Current Support Team Information

The "Team Lead" is identified as the individual who will be considered as the key contact person for the application.  
*(See Appendix C for more information.)*

Who is the team lead?	(Surname, First Name)	Agency:	(Click here to enter text.)
Address:	(Street, City/Town, Province, Postal Code)		
Phone Number:		Email Address:	(Click here to enter text.)

#### Current Support Team Information (Check all that apply):

<input type="checkbox"/> CDS Consultant:	(Surname, First Name)	Email Address:	(Click here to enter text.)
<input type="checkbox"/> Teacher:	(Surname, First Name)		
<input type="checkbox"/> CLSD case worker:	(Surname, First Name)		
<input type="checkbox"/> Mental Health Counsellor	(Surname, First Name)		
<input type="checkbox"/> Other	(Surname, First Name)	Agency:	(Click here to enter text.)
<input type="checkbox"/> Other	(Surname, First Name)	Agency:	(Click here to enter text.)
<input type="checkbox"/> Other	(Surname, First Name)	Agency:	(Click here to enter text.)
<input type="checkbox"/> Other	(Surname, First Name)	Agency:	(Click here to enter text.)

Date of team meeting and who was in attendance:

## Section 5: Impact of Cognitive Disability

\*This section should be completed by your team lead in conjunction with your team. For more assistance visit:

<http://publications.saskatchewan.ca/#/categories/222> for a list of CDC's in your area.

In the space below, please describe the impact of the cognitive disability on the individual in relation to each area listed below. Please give specific life examples and provide detail in each section. The Cognitive Disability Strategy is not diagnosis or IQ based (applicants do not require formal diagnosis or a specific IQ score), however, each area below must be met.

**Detail is required. Incomplete applications will result in a denial or requested funding due to insufficient information.**

<b>Impact of Disability</b>	<b>Examples and Description</b>
	Please keep typical developmental milestones in mind when completing these sections. <i>e.g.) Many children under 4 years of age may require some incontinence supplies to be purchased by their parents. Any 6 year old would require parental assistance to get dressed and ready for school in the morning.</i>
<b>1. Significant limitations in learning and processing information.</b> Individuals may be limited in areas such as: retaining knowledge, learning skills, making decisions, and/or communicating with others.	
<b>2. Behaviour Challenges</b> That result in limited interpersonal, social, and emotional functioning.	
<b>3. Developmental challenges</b> That limit capacity to adapt to daily living in areas such as self-care, independence at home, in the community, at work or leisure.	
<b>4. Limitations and impairments that are persistent and long-term</b> <i>i.e. have been observed from early childhood, or in the case of an Acquired Brain Injury (ABI), are not likely to improve over time.</i>  Please provide formal diagnosis, IQ information, etc., if available.	

## Section 6: Current Supports and Sources of Funding

This section should be completed by your team lead in conjunction with your team. For more assistance visit: <http://publications.saskatchewan.ca/#/categories/222> for a list of CDC's in your area. Your current supports and sources of funding will help your team identify unmet needs to better identify the services and support you can access through CDS.

### Current Involvements and Services (Please check all that apply and list the name of services):

<input type="checkbox"/> <b>School:</b>	(Click here to enter text.)
<input type="checkbox"/> <b>Work:</b>	(Click here to enter text.)
<input type="checkbox"/> <b>Day Program:</b>	(Click here to enter text.)
<input type="checkbox"/> <b>Volunteer Placement:</b>	(Click here to enter text.)
<input type="checkbox"/> <b>Groups/Activities (e.g. Special Olympics):</b>	(Click here to enter text.)
<input type="checkbox"/> <b>Supporting Agencies (e.g. CBOs):</b>	(Click here to enter text.)
<input type="checkbox"/> <b>CLSD Family Respite Program:</b>	(Click here to enter text.)
<input type="checkbox"/> <b>Home Care:</b>	(Click here to enter text.)
<input type="checkbox"/> <b>Indigenous Services Canada:</b>	(Click here to enter text.)
<input type="checkbox"/> <b>Autism Spectrum Disorder Individualized Funding (ASD IF)</b>	Enter years in which benefit was received. <span style="float: right;">(Click here to enter text.)</span>
<input type="checkbox"/> <b>Other:</b>	(Click here to enter text.)
<input type="checkbox"/> <b>Other:</b>	(Click here to enter text.)

## Section 7: Request to Support Unmet Needs

\*This section should be completed by your team lead in conjunction with your team or the Cognitive Disability Consultant. For assistance please visit: <http://publications.saskatchewan.ca/#/categories/222>

<p><b>LIST SERVICE/SUPPORT REQUESTED</b></p> <p>Please refer to Appendix B for examples for how to complete this section.</p>	<p><b>RATIONALE</b> - why is this an unmet need?</p> <p>Explain which system/agency has been approached to provide the services/supports? Identify why each system/agency is not able to provide the support/ service being identified. Supporting documentation is required to accompany the application.</p>	<p><b>IDENTIFIED BENEFIT/ GOAL SUMMARY</b></p> <p>Please identify goals and success measures. How will the service/support be useful in the applicant's day to day life?</p>	<p><b>PLAN</b></p> <p>List the steps to achieve the identified goals. How will the service/support be set up and monitored through the year to ensure it is of benefit?</p>	<p><b>IMPLEMENT/REVIEW</b></p> <p>Who will be responsible for implementing and monitoring the plan? List review timelines.</p>
<p>1.</p>				

2.

3.

4.



## Section 8: Additional Information (Optional)

Is there anything else that you think needs to be known about the applicant and their current circumstances to successfully evaluate this application?

## Section 9: Budget Proposal *(if applicable)*

For each of the supports/services identified in Section 7, please indicate the breakdown of funding being requested from the Cognitive Disability Strategy. Please see Appendix B for examples. For information about benefit levels please visit:

<https://publications.saskatchewan.ca/api/v1/products/100082/formats/110330/download>

LIST SERVICE/SUPPORT REQUESTED	<u>DETAILED BUDGET</u> (e.g. hours, rate of pay, km, etc.)	ANNUAL COST
1.		
2.		
3.		
4.		
<b>Total proposed annual budget request</b>		<b>Yearly Total</b> \$

## Section 10: Consent for Collection, Use and Disclosure of Information

Please initial each box to signify understanding of each statement.

I/Parent or Legal Guardian \_\_\_\_\_ (name) of \_\_\_\_\_ (applicant), of \_\_\_\_\_ (city of residence) consent to officials from the Cognitive Disability Strategy to collect, use and disclose the following types of personal information of the above named individual for the purpose of support planning to meet the needs of the above named individual. I also consent to:

- The Application/Renewal/Amendment package, including most recent tax notice of assessment, be released to the intake committee and Cognitive Disability Strategy Provincial staff. The intake committee may include the following:
- Cognitive Disability Consultants and their host agency
  - Community-Based Organizations
  - Regional Education Representatives
  - First Nations Organizations
  - Community Representative
  - Ministry of Justice
  - Regional Health Authorities
  - Ministry of Social Services
  - Elders (if applicable)
- The review of the application package to determine if I/my child/dependent is eligible to receive Cognitive Disability Flexible Funding and/or access supports from the Cognitive Disability Consultant.
- Release of contact information to Saskatchewan Abilities Council for the Daily Living Support Assessment (*flexible funding requests only*).
- My application being submitted to the Ministry of Social Services where they may open a file for payments upon final approval (*flexible funding requests only*).
- My application and the information I provide within being reviewed by the Ministry of Social Services for the purposes of program improvement and the continued development of provincial disability supports.
- I understand the Cognitive Disability Strategy may contact Ministry of Social Services to verify 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*, and *The Child and Family Services Act*).

- I understand that the Cognitive Disability Strategy and the representatives may contact the supports listed in the application to verify information. However, they will only release as much information as is needed to those individuals in order to process the application.
- I can withdraw my consent at any time by writing or talking to my local Cognitive Disability Consultant.
- If I withdraw consent, it means “I don’t consent from now on.” If withdrawing consent, it will mean my application cannot continue and I cannot receive funding or services/supports from the Cognitive Disability Consultant.
- This consent is valid for the term of the funding/service approval period.
- I understand this consent is valid for the term/service approval period.

**If applying for Behavioural Support the following applies:**

- I understand that the Cognitive Disability Consultant will collect, disclosure and use my personal and health information when necessary for the purpose of planning and the development and implementation of behavior support strategies and to meet the obligations of my behaviour support plan. The information may include the following:
  - Social history;
  - Family history;
  - Needs assessment and support plans;
  - Employment information;
  - Educational, psychological and psychiatric assessment(s) and evaluation(s);
  - Medical information including medical assessments;
  - Behavioural descriptions and data;
  - Behavioural history including incident reports and progress notes;
  - Support plans.
- Information may be collected from and disclosed to the following as part of development and implementation of my plan or support strategies:
  - Social/medical professionals (e.g. Psychologist, Counselor, Therapist, Physician);
  - Community Service Providers/Community Based Organizations;
  - Ministry of Social Services (CLSD/Child and Family Programs/Income Assistance);
  - Other Saskatchewan government ministries (e.g. Health, Learning, Justice);
  - Family/next-of-kin;
  - Advocate;
  - Other members of my planning and support teams.

- I understand the use and disclosure of this information will only be shared as it directly relates to behavioural support planning in the development and delivery of behavioural support. The Cognitive Disability Consultant's host agency is responsible for the security and retention of records related to behavioural support planning and will limit access to only those involved.
- Participation in planning and activities as outlined in my comprehensive behavior support plan to the best of my abilities.

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Signature of applicant/parent/guardian

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Date

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Signature of Witness

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Date

# Appendix A: Cognitive Disability Strategy (CDS)

## Flexible Funding Eligibility/Non-Eligible Services List

Funding provided through this strategy is for individuals with unmet needs related to their cognitive disability. Funding levels are determined by an income test and needs assessment. Requests for flexible funding must be related to the cognitive disability and recommended by the professional/support team related to the specific request.

Existing systems and resources must be considered first. Funding requests must include how current services are insufficient to meet the individual's needs. CDS is not intended to replace existing programs and services.

\*\* CDS funding is not limited/exclusive to the below listed services.

### The following may be eligible for CDS funding if no other funding options are available:

**ASSISTIVE TECHNOLOGY** – Costs related to devices/software for the sole purpose of communication.

**BEHAVIORAL SUPPORT MATERIAL** – Material costs related to the implementation of a Comprehensive Behavioural Support Plan.

**CAMP** – Unsubsidized portion of costs for the applicant to participate in recreational/therapeutic/social activities with peers out of the family home.

**CHILD/ADULT CARE** – Care costs when there when no subsidized or alternate care available due to the child's or adult's support needs which exceed available options.

**DAY PROGRAM** – Costs related to day support for an individual not involved with Community Living Service Delivery (CLSD) to participate in work and leisure activities to develop related life skills.

**FAMILY SUPPORT** – Costs related to family support where the parent has a cognitive disability.

**INCONTINENT SUPPLIES** – Incontinent supplies for individuals over the age of 4.

**INDIVIDUAL SUPPORT** – Individual support directly related to the cognitive disability where all system options have been exhausted.

**MENTORSHIP** – Mentorship costs related to specific developmental goal(s) for the purpose of social, emotional and/or skill development. Mentoring programs must include clearly outlined objectives/goals and structured activities related to the individual's developmental stage. The mentorship plan must also include how, who, and when the plan will be monitored and evaluated.

**RESPIRE** – For the purpose if a break from the typical responsibilities of care giving.

**SPECIAL DIETS** – Only casein/gluten free or liquid diets may be considered.

### THERAPY

- Therapeutic interventions recommended by a professional related to the field of expertise for example: occupational; speech and language; physical; massage; equine; music; art therapy; applied behavioural analysis; and counselling.
- Interventions/aids to implement the therapeutic programs listed above.
- Program supplies items directly related to the therapeutic or skills based intervention.

**TRANSPORTATION** – Some transportation related costs MAY be eligible if specifically related to an eligible CDS service.

### The following items are not eligible for CDS funding:

- **Basic needs** – Housing costs, bills, food etc.
- **Employment support** – Job coach, employment wage supplements
- **Medication** – Prescribed medication
- **Medical supplies and equipment** – Vitamins, supplements and medical equipment
- **Medical travel costs** – Mileage, meals, parking etc.
- **Property Damage** – Household repairs
- **Program costs and membership** – Recreational or sports and other program fees
- **Tutor services** – Education related support
- **Vacation**

\*Please note: this listing of eligible and non-eligible services is not exclusive. Please contact a CDC in your area for more information. <http://publications.gov.sk.ca/documents/17/81264-Cognitive-Disability-Strategy-Contact-Map.pdf>

## Appendix B: Unmet Need and Budget Examples

List Service/ Support Requested	Rational – Why is this an unmet need?	Identified Benefit	Plan	Implementation/ Review
<b>Occupational Therapy</b>	<p>Mary finished school 2 years ago and moved away from the family home for independence. Since the move, she has experienced some difficulties with her new environment and difficulty coping with the change. This is due to her cognitive disability and ASD diagnosis (sensory and processing delays). She is now engaging in self-injurious behaviors to cope.</p> <p>While Mary was in school she had access to OT and behavioral support which was helpful.</p> <p>Mary is not eligible for CLSD and the SHA in her community does not have an OT (see letter attached). Due to the seriousness of the behaviors, lack of intervention may lead to home breakdown and loss of independence.</p> <p>Mary and her team (listed in section 4) have met on several occasions to review her current support system to determine this is an unmet need. Please see attached case plan from team lead.</p>	<p>Mary will learn coping skills to manage the change in her life. Mary and her team will learn how to implement environmental modifications to address sensory issues.</p> <p>This will lead to improved coping skills and in turn improve quality of life and independence.</p>	<p>Mary will work with OT through an assessment/strategy implementation to determine environmental factors leading to sensory distress. OT will recommend environmental and sensory related strategies to fit Mary's needs and reduce stress. (Please see attached recommendation from an OT.)</p> <p>Month 1, 2, and 3: 3 sessions per month at \$120.00 per session.</p> <p>Month 4, 5, 6: 2 sessions per month at \$120.00</p> <p>Month 7- 12: Maximum of 6 sessions at \$120.00 per session.</p> <p>OT will provide 3 reports per year to the team lead to review with team.</p> <p>OT will attend 1 planning meeting mid-way through the year at \$120.00</p> <p>Total is 22 sessions @ \$120.00= \$2640</p>	<p>Mary and her support team will meet once every 4 months (arranged by the team lead) to review the progress report from the OT with Mary.</p> <p>Team lead to provide assistance to Mary to ensure appointments are kept with the OT and assist her in any strategy implementation.</p> <p>Mary's parents will also provide support. Progress will be reviewed at the quarterly meetings.</p> <p>At mid-point review (after 6 months) OT will make a recommendation if OT needs to continue.</p>
<b>Mentorship</b>	<p>As described above, Mary is struggling with self-regulation and coping in her environment though her goal is to live in her own home and be independent. She is not eligible for CLSD support. She does not have access to positive peer or formal support to practice the building her independence skills as such compromising her home placement.</p>	<p>Mary will practice skills related to increased independence such as meal preparation, social interaction, taking the bus and using her bank card. These skills will help build her confidence and learn new coping skills with day to day life.</p>	<p>The mentorship plan will include an initial goal setting session with Mary and her team. The mentor will work on setting small achievable goals each week. The team will monitor the progress each month. The mentor will spend 6 hours per week with Mary at \$15.00 per hour for a total of \$4,680.00 per year maximum.</p>	<p>The team will meet monthly for the first 3 months then every second month. The mentor and Mary will report progress and review how the mentorship plan is working. Adjustments will be made as necessary. The team lead will be responsible for calling the team meetings and being the key contact for the mentor.</p>

# Appendix C: Cognitive Disability Strategy (CDS) Team and Team Lead Role

The Cognitive Disability Strategy (CDS) was established in 2005 as a short-term intervention to support individuals with cognitive disabilities and their families. It was developed to provide supports where mainstream services/programs are not able to respond.

CDS has two service streams: Cognitive Disability Consultants (CDC's) support through service coordination and/or development of behavioral support plans and the Flexible Funding Benefit. This benefit is based on the individual's assessed level of need and income. Applicants should first consider whether the needed supports are available in their community, and if not, the Flexible Funding Benefit may be an option.

Requests for flexible funding must be related to the cognitive disability and be a part of a written, integrated case plan with measurable goals. There should be an emphasis on shared responsibility, accountability and integrated planning at the local CDS Intake Committees.

Existing systems and resources must be considered first. As such, CDS can be used to enhance services where available services are insufficient to meet the individual's needs or to supplement programming where no services exist. CDS is not intended to replace existing programs and services. Family and person-centred practice will be at the forefront of all requests.

## Application:

The application serves as a planning tool for teams to identify current supports and potential interventions or service options. It is meant to encourage an integrated plan with families and individuals.

Because it can be difficult to navigate systems and service options, applicants are encouraged to seek assistance when completing an application for CDS.

<https://publications.saskatchewan.ca/#/categories/222>

## Team Leads:

Team leads can be representatives from any system (Health, Justice, Social Services, Education, Advocate, or a Community-Based Organization) that helps the individual/family with service planning. Any team member may serve as team lead as determined appropriate by the applicant and team. Families can also choose to act as team lead. Team leads can help identify, coordinate and monitor services. CDCs can fill this roll if the individual/family does not already have a team lead.

## Team Lead Role and Team Function for CDS Application:

Service coordination and team work is essential to ensuring individuals have access to services to meet unmet needs. As such the team helps in identifying who will take the lead in the following tasks:

- Meet with individual/family to identify if there is a service gap.
- Review current supports (both formal and informal).
- Arrange an integrated planning meeting with individual/family and all the identified supports to:
  - Review the current support plan (if applicable);
  - Identify responses to any unmet needs in existing systems; and,

- Develop CDS application if there is an unmet need that can't be met by any existing system. This application must clearly identify why the need can't be met by any other system and include all supporting documentation.
- Ensure the application is complete with all required information. Incomplete applications will not be reviewed.
- Submit application to local CDC.
- Meet with applicant to review what was approved and how to keep track of services and invoices.
- Set up check-in meeting with team and applicant through the year to review services. Check ins can be identified by the at the initial team meeting. These will vary from case to case.
- Ensure applicants/families/service providers are aware invoices must align with approved amounts as noted in the approval letter. Invoices will only be paid if it is a part of the approved CDS plan and must be signed by the service provider and any team member to verify services.
- Lead the review process to ensure that:
  - The review is started at least 3 months prior to end date;
  - All team members are included; and,
  - The CDS application is completed and re-submitted in full 3 months prior to the end date if the need continues to be unmet.
  - Act as the key contact for any questions from Ministry of Social Services CDS staff.

<https://publications.saskatchewan.ca/#/categories/222>