APPLICATION for CSS Flexible Short-Term Funds

Is this a joint application? ☐ Yes ☐ No
If yes, please note that all agencies need to sign off on this application.
If yes, the requesting agency must be an M-SAA funded CSS agency.

Please complete the following information organizational and applicant information:	
Name of Requesting CSS Agency:	
Name of CSS Staff Submitting Request:	
Email Address of CSS Staff Submitting Request:	
Phone # of CSS Staff Submitting Request:	
CSS Agency Mailing Address **(where payment should be mailed):**	
County of Residence of Client **(select one):**	☐ London/Middlesex ☐ Perth ☐ Elgin ☐ Grey ☐ Oxford ☐ Bruce ☐ Huron

Applicant attestation *(check to indicate "YES")*:

☐ My Community Support Service agency is funded by Ontario Health West through an M-SAA (multi-sector service accountability agreement):

The client and/or caregiver that I am applying on behalf of is a:

☐ Registered client of my CSS agency
☐ Currently accessing at least one M-SAA funded community support service

Please note that if you are not able to attest to all 3 of these statements your application is not considered eligible.

Has an application been made on behalf of this individual before (select one)?

☐ No

☐ Yes, this is an extension of a previous request.

Application #:_____ OR Date of previous approval (if application # is N/A): _____

Amount of previous approval: _____

☐ Yes, but this is a new request (un-related to the previous request)

Community Support Services currently accessed by your client (select all that apply):

☐ Adult Day Program
☐ Alzheimer/Dementia Visiting
☐ Assisted Living
☐ Attendant Outreach
☐ Blood Pressure Clinics
☐ Caregiver Support Services
☐ Caregiver Training, Information and Education
☐ Congregate Dining
☐ Dementia Visiting
☐ Falls Prevention and Group Exercise
☐ Friendly Visiting
☐ Home At Last
☐ Home Help
☐ Overnight Respite
☐ Hospice and Supportive Care
☐ Hospice Volunteer Visiting
☐ Telephone Reassurance/Safety Checks
☐ Transportation
☐ Vial of Life / Cool-Aid
☐ Volunteer Visiting
☐ Other: _____

Brief Client Profile: ***FOR CONFIDENTIALITY / PRIVACY REASONS DO NOT INCLUDE THE CLIENT's NAME***
Please tell us about the client you are applying on behalf of such as: age; sex; diagnosis; factors or service gaps that are triggering the need for an application; description of level of distress of caregiver (if applicable).

Reason for the request for flexible short-term funds

- ☐ The individual is without a safe place to stay because their current home is no longer safe or available and the situation can be rectified within 3 months;
- ☐ Resources are required on a time limited basis to stabilize placement, or to maintain a person in their own home and prevent a discharge to a potentially more costly resource;
- ☐ Primary caregivers are unable to provide care;
- ☐ Short term support can prevent family or support breakdown or institutionalization;
- ☐ The individual needs temporary support for a variety of reasons which might include:
  - Making a transition to other supports;
  - Needs have increased and an increase in support for a temporary time will allow the service providers to negotiate a change in the plan of service;
  - An increase in service due to illness of the individual and/or caregiver;
  - An individual's service needs have been identified but the recommended or preferred program destination does not have an immediate opening but an opening/vacancy will be available within 3 months.
- ☐ The individual requires equipment (that is not covered by ADP) due to changing needs.

Notes: *(please include any additional information for the CSS Council to consider when reviewing your application)*

What other (non-CSS) services and supports are currently in place?
(eg informal supports, nursing, PSW or other supports from home and community care)

What local and available resources have been investigated and exhausted?
(For more information on local and available resources please see "Local Funding Resources and Funds")

If none, please explain:

How will this request impact the health and safety of the client?

Amount and details of funding being requested: *(please be specific – i.e. # of hours of service, length of time service requested, type of equipment request, total amount of funding)*

TOTAL AMOUNT OF FUNDING REQUESTED (including taxes): $_____

FOR EQUIPMENT REQUESTS ONLY:

Please select the category of equipment you are requesting

(For more information on what equipment may be included in each category please see "CSS Flexible Short-Term Fund Categories of Requests")

If your request is for multiple pieces of equipment please select all that apply.

- ☐ Mobility Aids
- ☐ Medical Equipment
- ☐ Bath & Shower Aids
- ☐ Lifts and Lift Accessories
- ☐ Wheelchairs
- ☐ Accessible Technology
- ☐ Miscellaneous Equipment

FOR PSW SUPPORT AND RESPITE SUPPORT ONLY:

Please identify the name of the organization that will be providing the staffing, your point of contact and their contact information:

The CSS Council is not responsible for the provider-client arrangement. The applicant CSS agency is responsible for ensuring that the provider of these support services meets industry standards for insurance, liability, WSIB or equivalent coverage.

What do you anticipate would happen if you were not able to access the CSS Flexible Short-Term Fund or if this request wasn't approved?

For the Client (Equipment Requests only):
I acknowledge that the CSS Council has no responsibility for the maintenance or repair of this equipment. And that any equipment purchased using these funds becomes my property and I am responsible to maintain it.

Signature of Client	**Date**
Signature of Applicant Submitting Request	**Date**
Signature of Applicant's Supervisor	**Date**
Signature of Joint Applicant *(if applicable)*	**Date**

Please ensure that your application is **complete and ready to submit**:

- ☐ Identifies a CSS M-SAA funded organization as the applicant and your organization agrees to be the recipient of the funds if the application is approved
- ☐ Demonstrates that all local and available resource have been investigated and exhausted
- ☐ If the request is for PSW support or respite support, it includes an eventual sustainable service commitment to the client
- ☐ The application and any supporting documents exclude any unique identifiers related to the client (name, address, phone number, date of birth, etc).
- ☐ Includes all necessary documentation, quotes, signatures etc

PLEASE SUBMIT YOUR COMPLETED REQUEST TO:
Email: info@cheshirelondon.ca (preferred method)
Fax: 519-439-4815
Mail: Cheshire, 2 – 1111 Elias St., London, Ontario N5W 5L1