

South West Community Support Services
Support and Developmental Council

Supporting People in Home and Community

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 the agency that the payment will be directed to.

Please complete the following information so we know where and to whom to send the cheque and the name of the organization that the cheque is payable to.

Name of Requesting Agency:	
Name of Person Submitting Request:	
Email Address of Person Submitting Request:	
Contact Mailing Address:	
Contact Phone #:	
County of Residence of Client:	

Brief Client Profile:

Has an application been made on behalf of this individual before?

- No
 Yes, this is an extension of a previous request
 Yes, but this is a new request (un-related to the previous request)

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:

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What services and supports are currently in place? (please list the specific CSS services):

What local and available resources have been investigated and exhausted? If none, please explain:

How will this request impact the health and safety of the person?:

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

If staffing is required, identify the organization that will be providing the staffing and contact person and information:

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?:

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For the Client (Equipment Requests only):

I acknowledge that the CSS Council has no responsibility for the maintenance or repair of this equipment.

Signature of Client

Date

Signature of Applicant Submitting Request

Date

Signature of Applicant's Supervisor

Date

Signature of Joint Applicant (if applicable)

Date

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OFFICE USE ONLY – TO BE COMPLETED BY CSS COUNCIL MEMBER	
Name(s) of CSS Council Members Contacted:	
Declaration of Conflict of Interest of any CSS Council Members:	
REVIEW DATE:	
TOTAL FUNDING APPROVED:	
SIGNATURE OF CSS COUNCIL CO-CHAIR	