

About Passport:

Passport is an initiative designed to enhance community participation supports for individuals who have a developmental disability. It is designed for young people who are:

- a) Preparing to leave or have left school, and
- b) Seeking community participation supports.

This initiative provides funding for community participation supports using community partnerships, suited for a range of functional abilities. Through this initiative, participants will be exposed to a variety of experiences that focus on post-school activities and the personal development each individual needs to achieve his/her goals for living as an adult in the community. Information on this form may or may not apply to your individual situation.

Passport serves individuals who are residents of Ontario (Canadian citizen, landed immigrant, Minister's permit, permission to remain by Citizenship and Immigration Canada, e.g., refugee) who have a developmental disability confirmed by a qualified medical practitioner and/or psychologist in writing and who:

- have left school and would benefit from community participation supports; or
- have been waiting for service and are in need of community participation supports; and
- are not eligible for Ontario Disability Support Program (ODSP) employment supports (i.e. where individual does not meet the criteria for funding through ODSP-Employment Supports); and
- are living with their families or in other living arrangements including group homes, living on their own or with room mates (supported independent living) or with a Family home provider.

Application Process:

Applicants must complete a full Passport application that will cover a three-year period, unless their circumstances change significantly. After the third year of funding, individuals are required to re-apply using this form. This allows an opportunity to revise an individual's plan and level of funding based on the progress attained in achieving personal goals as well as any changes in the individual's level of need.

The individual/family/agency must complete this application if:

- it is their first application for Passport; OR
- there has been a significant change in the individual's care needs, support network or service offerings since the date of the last full Passport application; OR
- it is the third anniversary from the date of the last full Passport application.

The individual/family:

- may get help from a community agency or any other person to complete or submit this form;
- must sign the completed form to show it is true and correct; AND
- should never sign an incomplete application.

This application form will be used along with the Passport guidelines. You can contact your local access mechanism or other agency administering access to Passport for more information.

PLEASE NOTE:

All decisions about Passport funding amounts are made every three years unless there are exceptional circumstances. Funding decisions are based on the applicant's individual needs, locally identified priorities and the availability of Passport funding within your Ministry region.

Individuals or family members, agencies, or someone else on the applicant's behalf can apply directly to their local access mechanism or designated agency to determine whether they are eligible for Passport at any time of the year.

Contact Information – Person/Agency assisting in the completion of application (If applicable)

| | | | |
|---|--|---|-------------|
| Name | | Telephone No. (Include Area Code) () | |
| Agency or Organization Name (if applicable) | | Position | |
| Address: Street No. and Name | | | |
| City/Town/Post Office | | Province | Postal Code |

Information of Individual Requiring Support

| | | | | | | | | |
|---|--|-------------|--|---|---------------|----------------------------|------|------|
| Are you legally entitled to live in Canada and a resident of Ontario? (examples: citizen, landed immigrant, holder of a Minister's Permit, refugee entitled to live in Canada). A copy of supporting documentation may be requested. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date of Birth | | | |
| | | | | | dd | mm | yyyy | |
| Last Name | | First Name | Initial | Gender | | Date of Passport Request | | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | dd | mm | yyyy |
| Address: Street No. and Name | | | | City/Town | | | | |
| Province | | Postal Code | | Home Telephone No. (Include Area Code) () | | | | |
| Mailing Address (if different from above) | | | | | | Date Applicant Left School | | |
| | | | | | | dd | mm | yyyy |

What is your current living arrangement?

- Living with family
- Living in a group home
- Living with a Family Home provider
- Living alone/with room mates (not group home)
- Other (specify)

Section 1 Applying for Passport

A. Are you currently in receipt of Ontario Disability Support Program (ODSP) Employment Supports?

- Yes Please note that participation in Passport is limited to individuals who are not eligible for ODSP Employment Supports. Please contact your local access mechanism or other agency administering access to Passport for more information on how to access other Ministry-funded supports in your community.
- No Please proceed to section 1. B. below to complete your Passport application.
-

B. Supporting Documentation to Determine Passport Eligibility

Documentation of the applicant's developmental disability is required from a qualified medical practitioner and/or psychologist in writing to establish basic eligibility. Please refer to the Passport Guidelines for more information.

The documentation: (check ✓ one)

- is attached was previously sent (no change) will be sent separately
-

C. Which type of Passport funding are you applying for?

For more information about methods of funding, please contact your local access mechanism or other agency administering access to Passport.

- Agency services
- Direct Funding Who will be responsible for receiving and managing the funds? (e.g. agency, family member, legal guardian, etc.)
- Please specify:
- Undecided
-

D. Have you applied for Passport previously?

- No Please complete sections 2 and 4 to 8 of this application (pages 4 and 6 to 10) and return the fully completed form to your local access mechanism or other agency administering access to Passport. You will be contacted once a funding decision has been made.
- Yes Is this the third anniversary of your fully completed application?
- No Please complete sections 2 and 3 below to determine whether you need to complete the full application.
- Yes Please complete sections 2 and 4 to 8 of this application (pages 4 and 6 to 10) and return the fully completed form to your local access mechanism or other agency administering access to Passport. You will be contacted once a funding decision has been made.
-

Section 2 Applicant's Personal Goals and Planning

Examples of the type of supports that would be eligible for funding would include:

- Activities to enable participation in further education, including creative post-secondary experiences which promote an integrated academic training program along with personal development.
Note: Costs of tuition for post-secondary education programs, supports available through the on-campus Special Needs Office or where an applicant is eligible for government student assistance programs cannot be approved for funding through Passport.
- Employment preparation activities where the individual does not meet the criteria for funding through ODSP Employment Supports.
- Work activities, including participation in community settings.
- Volunteer activities.
- Activities of daily living that enhance social skills, independent living and personal management.
- Activities that develop skills in utilizing community infrastructure such as transportation services, shopping, libraries and recreation opportunities

Individuals and families may also receive assistance in administering their direct funding allocation using*:

- Personal supports to assist in developing individual plans that identify both unfunded and purchased services and supports.
- Administrative/ brokerage supports to manage human resources and financial/ reporting requirements related to funded supports and services.

* A maximum of 10% of the total direct funding allocation may be used to fund these activities.

You may also wish to use the accompanying planning guide titled *Creating a Good Life in Community: A Guide on Person-Directed Planning* to assist you in developing your individual plan for community participation. Copies of a plain language version of the planning guide are available at the Ministry of Community and Social Services website, www.mcscs.gov.on.ca and the Individualized Funding Coalition for Ontario website, www.individualizedfunding.ca.

A) Please list the goals you wish to achieve with the assistance of community participation supports. You may also attach an individual plan should you wish to do so.

1.

2.

3.

4.

5.

B) How many hours of service are you requesting (i.e. hours/week)? Please respond according to how you intend to use the hours.

Section 3 Applicant Update

Since your last Passport application was approved, please indicate any changes in the amount of assistance that is required in the following areas as it applies to community participation supports:

| | No | Yes |
|---|--------------------------|--------------------------|
| i) Communication and Social Abilities e.g. communication, social skills, community activities | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) Supervision, in the community or elsewhere | <input type="checkbox"/> | <input type="checkbox"/> |
| iii) Behaviour | <input type="checkbox"/> | <input type="checkbox"/> |
| iv) Personal Care | <input type="checkbox"/> | <input type="checkbox"/> |
| v) Health and/or Medical Care | <input type="checkbox"/> | <input type="checkbox"/> |
| vi) Unpaid Services and Supports e.g. volunteer/work activities, local community groups | <input type="checkbox"/> | <input type="checkbox"/> |
| vii) Paid Services and Supports e.g. community supports, financial supports | <input type="checkbox"/> | <input type="checkbox"/> |

If you checked “no” to **all** of the areas above, please use section 7 to provide an explanation of why you are applying for Passport at this time. Once complete, please sign and return this application to your local access mechanism or other agency administering access to Passport. You will be contacted once a funding decision has been made.

If you checked “yes” to **any** of the areas above, please complete the applicable area in this application. Return the completed and signed form to your local access mechanism or other agency administering access to Passport. You will be contacted once a funding decision has been made.

Instructions to Complete Sections 4 to 8:

- Please complete all sections of the application form. You may wish to review all sections of the application before completing it.
- All sections of the form are considered as a whole and are not listed in order of priority.
- If a section does not apply to your situation, please write “n/a” or draw a line through it.
- Keep in mind that the more complete your information is, the better we are able to assess your request for support.
- The application is an information gathering tool which collects information related to the decision-making factors for Passport. It gives the individual an opportunity to state their abilities and personal goals.
- The personal information that is collected is confidential and is used for the purpose of providing you with services and support under the Passport initiative.

Section 4 Description of Strengths and Interests

Decision-making for Passport considers a person's strengths and interests and how community participation supports will assist an individual living as an adult in the community. The initiative provides support to people who have a wide variety of unique needs. Please check or write in the factors that describe your situation. The factors listed are only examples to help you complete the form. You may wish to use these examples, or we suggest attaching any other planning documentation (i.e. transition plans from school or your individual plan) that would support your application.

A. Strengths and Interests **To help us understand your abilities please describe your strengths and interests or add any other information that you feel is important.**

| B. Communication and Social Abilities | Check how often assistance is provided to appropriately communicate with others and participate in social activities as it relates to community participation supports. | | | | | |
|---------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Constant | Hourly | Daily | Weekly | Reminders | None |
| Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Community Activities / Involvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (<i>specify</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(If appropriate, provide more information on your unique situation).

| C. Supervision | Check the amount of supervision or attention provided for safety as it relates to community participation supports. | | | | | |
|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Constant | Hourly | Daily | Weekly | Reminders | None |
| In the Community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (<i>specify</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(If appropriate, provide more information on the type of supervision provided.)

Section 4 Description of Strengths and Interests (continued)

| D. Behaviour | Describe the individual's behavioural needs and check how often assistance is provided as it relates to community participation supports. | | | | | |
|---|--|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|
| Examples are: - Tantrums/Hyperactive - Aggression - Destruction of property - Self injury - Running Away - Withdrawn behaviour - Behaviour that is significantly disturbing to self and/or others | Several times daily | Once a Day | Several times per week | Once a Week | Some-times | None |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(If appropriate, provide more information on the type of supervision provided.)

| E. Personal Care | Describe the individual's personal care needs and check the type of assistance that is provided as it relates to community participation supports. | | | | | |
|---|---|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|
| Examples are - Eating - Mobility - Going to washroom/toileting - Lifting/transfers associated with personal care | Complete care | Direct support | Hand over hand | Prompts & reminders | Reminders Only | None |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(If appropriate, provide more information on the type of supervision provided.)

| F. Health and Medical | Describe the individual's health and medical needs and the degree of assistance that is provided as it relates to community participation supports. | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Examples are - Tube Feeding - Catheterization - Seizure Control - Suctioning, etc. | Exceptional | Significant | Moderate | Minimal | Little | None |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(If appropriate, provide more information on the type of supervision provided.)

Section 5 Availability of Unpaid Services and Supports

Passport decision-making considers the informal support that is available to the individual throughout the day. Many individuals can count on help from others (such as family, volunteers, neighbours, friends, etc.) or may have opportunities to participate in informal activities throughout the day (volunteer/work activities, local community groups, etc.) However, it is acknowledged that these unpaid services and supports can vary.

| What kind of supports or activities can you count on? | How often are they available (i.e. daily, weekly, monthly)? |
|---|---|
| | |
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| | |

Section 6 Paid Services and Supports

Passport decision-making considers paid supports and services that are available and appropriate throughout the day (i.e. a municipal recreation program, personal growth and development supports, respite, etc.). What other sources of service or funding have you accessed?

| A. Community Supports | Full Day (35-40 hrs./wk) | More than Half Day (21-34 hrs./wk) | Half Day (17-20 hrs./wk) | Less than Half Day (less than 17 hrs./wk) | Waiting List | Received Previously |
|-----------------------|--------------------------------|--|--------------------------------|--|--------------------------|--------------------------|
| Please specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

| B. Other Supports | Amount Received in Last Assessment | I/We have applied (✓) | | Purpose of Funding (✓) |
|---|---|--------------------------|--------------------------|--|
| | | Yes | No | |
| Special Services at Home (SSAH) Program <i>Note: Passport is intended to complement funding which may be available to individuals and families and will not result in a clawback in the approved level of funding provided through SSAH. However, funding provided through the Passport initiative cannot be used to duplicate services and supports purchased through the Special Services at Home program.</i> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | Respite Planning Community Participation Supports Personal Development and Growth |
| Other (specify): | \$ | <input type="checkbox"/> | <input type="checkbox"/> | |

Comments

Section 7 Other Information

Should you wish to provide us with additional information or documentation that you feel is important for us to consider in your application for Passport, please describe below or attach to this application.

Section 8. Signatures

Additional Information

Additional information is often required before a request can be considered. However, if you do not wish to consent to release information at this time, draw a line through the blank spaces below. You may then sign below as an application only.

Consent for Release of Information

I give the local access mechanism or other agency administering access to Passport permission to obtain additional information regarding my application form from the organizations or individuals named below. (Examples: assisting agency/person, service provider, qualified medical practitioner and/or psychologist, agency staff, etc.)

| | |
|------|---|
| Name | Telephone No. (Include Area Code) () |
| Name | Telephone No. (Include Area Code) () |
| Name | Telephone No. (Include Area Code) () |

Application

I hereby apply for services and declare that the above statements are true to the best of my knowledge.

| | |
|---|-------------------|
| Signature of Applicant | Date (dd/mm/yyyy) |
| And/or Signature of Legal Guardian | Date (dd/mm/yyyy) |

Notice with Respect to Decisions and the Collection of Personal Information

You will be notified, in writing, of the decision made by the local access mechanism or other agency administering access to Passport.

This information is collected under the legal authority of the *Developmental Services Act*, R.S.O. 1990, c.D.11, and will be used for the purpose of providing you with services and support under the Passport initiative. If you have any questions concerning the collection of this information, please contact the following:

| | | | |
|---|-----------|---|-------------|
| Contact Name of local access mechanism or other agency administering access to Passport | | Telephone No. (Include. Area Code, ext.) () | |
| Address: Street No. and Name | City/Town | Province | Postal Code |

For Office Use Only

| | | | |
|----------------|-------------------|-------------|-------------------|
| Recommended by | Date (dd/mm/yyyy) | Approved by | Date (dd/mm/yyyy) |
|----------------|-------------------|-------------|-------------------|