

Why the DSO?



Gateway to **Passport Funding** – potential **lifelong funds** that can DOUBLE a person's income! Get on the waitlist. (use \$ for recreation, respite, etc.)



Single **access point** for funded services for people 18+ w DD (like the CCAC but for DD). For any of your peds patients, encourage registration at 16.



Can find out **other workers** or services that may be involved that can support you in caring for the individual.

What are the steps?

Is your patient registered with the DSO? (Call 1-855-372-3858 to find out)

Yes

Great!

1. Ask what services they are receiving, or what wait lists they are on:

Passport Funding?

Residential waitlist?

Person-directed planning waitlist?

Family support waitlist?

Funded Day Programs waitlist?

Case Management waitlist?

2. Discuss with your patient/caregiver and initiate referral to any of the above, as indicated.

3. Because they are in the system, you can approach publicly funded DD service providers and programs.

No

1. Find out if your patient is eligible for the DSO:

This includes faxing over: proof of residency in Ontario; birth certificate, proof of developmental disability (e.g. psychological report, proof of special education).

If you do not have a psychological report, but you sense cognitive, adaptive and functional limitations with onset prior to 18, apply! Attach any consult notes. The patient may be sent for a psychology assessment to determine eligibility.

If unsure, complete a DD screening tool, the LDSQ (the Learning Disability Screening Questionnaire) *note: in UK, DD is called Learning Disability*

2. Once eligible, the DSO will meet with pt/caregiver to complete the intake process. This assesses the person's goals and needs, then will put the person on the community needs list, which includes these 6 types of services/lists:

Residential services
Funded Day Programs
Family Support

Person-Directed Planning
Passport Funding
Case Management

Miscellaneous:

If there is family involved at the time you submit the application for eligibility, the DSO may follow up and coordinate with the family—not you, even though you are the referral source. Make a specific note in your fax/letter that you wish to be informed of progress/updates.

Attach a consent form signed by the individual or their substitute decision-maker permitting you to share information with the DSO.

The only professionals that can make the diagnosis of DD are psychologists or psychological associates (this is legislation)

Peds services and funds stop abruptly at 18 or 21 (depending on service). This results in a crisis situation for many. This can be avoided!! Plan early. Refer to DSO at 16 to help ensure some continuity when person turns 18.

Try to obtain a person's school history (including psychoeducational report) while they are still in school.

School boards keep school records for about 10 years. People with DD may stay in school until 21. So, if patient is under 31, there may still be records which contain psychological reports or notes re: special education that may point to a DD diagnosis, or shed light re: their IQ and abilities. (looking for scores at or below 70-75).

If there is no psychological report, a transcript may still contain reference to special education. This may help! There may be a fee for the transcript.

Eligibility letters from the DSO can be used in ODSP applications.

DSO eligibility is for life. If there is a major change (that would impact their needs or goals), the person's file should be updated.

There is a waitlist for Passport funding. A person can have ODSP + Passport funds, which can substantially improve their quality of life. Funding is released by the MCSS.

Should a person receive passport funds, they can request a passport navigator to help with allocation and arranging direct payments.

Residential services have an approximately 10 year wait. Get on the list early.

Person-Directed Planning is the shortest waitlist. This is a great idea for most—particularly for people who wish to plan/consider longer-term plans and goals, pertaining to social inclusion and increasing independence (e.g. people living with family; people who are under-supported; teenagers leaving high school, etc.).

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