Overview
LIGHTS is a unique initiative designed to help individuals with an intellectual disability and their families explore alternative housing and residential support options. It is intended for applicants who:

a) Have completed the initial screening process for LIGHTS,
b) Have the capacity to self manage a living situation,
c) Are seeking government funded residential resources,
d) Are on the Community Needs List for residential supports and services,
e) Are willing to re-apply for funding on an annual basis, and
f) Are willing to contribute a minimum of 20% of what will be requested in their funding application to LIGHTS. This 20% includes “in kind contributions”¹ and must be in addition to all other funding or sources of income, the Applicant currently possesses. For example: ODSP, SSAH, Passport Funds etc

LIGHTS offers temporary, interim funding for families to bridge start-up cash flow needs while they seek additional resources, including government funding, to assume these costs.

Term
LIGHTS funding is provided for a period of twelve months after which time it may be renewed annually for a maximum of 5 years, assuming successful completion of all terms and agreements. Families will concurrently pursue government funding options.

LIGHTS funding and the support agreements are reviewed every six months by the Facilitator, or more frequently if there are significant changes, and annually by the LIGHTS Advisory Board. While receiving LIGHTS funding, families will remain on the Community Needs List for residential supports and will submit their residential plans when government funding becomes available. If granted Ministry of Community and Social Services (MCSS) funding, families will relinquish any remaining LIGHTS funding

¹ In kind contributions: a cash-equivalent contribution in the form of an asset for which no cash is exchanged but is essential to the success of the home and that would have to be purchased by one of the partners on the open market. Does not include direct support provided by the family.
Application Process
Applicants must complete the LIGHTS Application for Funding form which covers a 12 month period unless circumstances change significantly. Applicants who wish to reapply for LIGHTS funding after the term of the agreement will do so using this form.

The Applicant/family must complete this form when:
• this is the first application to LIGHTS, requesting funding
• there has been a significant change in circumstances
• it is the anniversary of when the funding was granted

Accountability
LIGHTS reporting requirements may initially differ from those of other funding sources. However, to facilitate the transition for families to potential future Ministry funding, LIGHTS reporting will eventually align with those of the Application and Funding Entities, once those reporting mechanisms have been established.

Appeal Process
An individual/family who disagrees with a decision made regarding their eligibility for LIGHTS funding may appeal this decision, in writing, to the LIGHTS Facilitator within thirty days of the decision.
Within 30 days of receipt of the appeal, the appeal will be reviewed by the LIGHTS Steering Committee and the LIGHTS Advisory Board will be consulted regarding recommendations. Their decision will be final and binding.
### Individual Profile (person requiring support)

Are you legally entitled to live in Canada and a resident of Toronto?

- [ ] Yes  
- [ ] No  

(examples: citizen, landed immigrant, holder of a Minister’s Permit, refugee entitled to live in Canada). A copy of supporting documentation may be requested.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Initial</th>
<th>Gender</th>
<th>Date of Birth</th>
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Date of LIGHTS Request

- [ ] Male  
- [ ] Female

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<th>Last Name</th>
<th>First Name</th>
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<th>Date of LIGHTS Request</th>
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Mailing Address (if different from above)

City  
Province  
Postal Code  
Home Phone #

( )

To confirm you are on the Community Needs List, please identify your lead agency:

What is your current living arrangement?

- [ ] Living with Family/Kin  
- [ ] Independent  
- [ ] Shared with support  
- [ ] Group home – private  
- [ ] Group home – funded  
- [ ] Other (specify) ____

### Key Contact Information

Name  
Home Phone #

( )

Email address:

Address: Street # and Name

City/Town  
Province  
Postal Code

( )
**Reason for Funding Application**

- **Initial request for LIGHTS funding; please attach:**
  - ✓ Copy of recent (within the last 3 months) ODSP stub.
  - ✓ Person-directed plan and budget supporting your plan.

- **Significant change(s) in funding requirements; please attach:**
  - ✓ Updated plan and budget.

- **Anniversary of last funding request dated _____; please attach:**
  - ✓ Photocopy of a recent (within the last 3 months) ODSP stub.
  - ✓ Person Directed Plan and Budget supporting your plan.

**Family Contribution**

Based on the attached budget, the minimum family contribution of 20% is: $______

Please provide details of how this amount will be provided/in what form?

_________________________________________________________________________________

_________________________________________________________________________________

If not outlined in the attached Person Directed Plan, please describe in detail how the family will self-manage this living arrangement:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
Formal Services and Supports

LIGHTS consider formal supports that the Applicant has in place. Please indicate any formal supports which are currently in place and are expected to continue.

<table>
<thead>
<tr>
<th>Support/Service</th>
<th>Provider</th>
<th>Frequency</th>
<th>Funding (if applicable or known)</th>
<th>On Wait List (if applicable)</th>
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<tbody>
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<td>CCAC</td>
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<td>SSAH</td>
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<td>Absolute Discretionary Trust</td>
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<td>Passport</td>
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<td>Earned Income</td>
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<td>Other</td>
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Availability of Informal Services and Supports

Many individuals can count on help from others (such as extended family, volunteers, neighbours, friends, etc.) or have opportunities to participate in informal activities throughout the day (e.g., volunteer/work activities, local community groups, etc.). It is understood that these unpaid services and supports can vary.

<table>
<thead>
<tr>
<th>What kind of supports or activities can you count on?</th>
<th>How often are they available (i.e. daily, weekly, monthly)?</th>
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Contingency Plan

Please indicate what contributions from the family/networks will provide should a contingency support plan be necessary (e.g., for long-term staffing shortages, if the relationship between partnering families breaks down, the plan changes significantly, etc.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I/we hereby apply for LIGHTS funding and understand that:

- Applications for LIGHTS funding will be prioritized according to the date the application package was completed with all necessary information.
- Receiving LIGHTS funding does not impact our entitlement to funding provided by the Ministry of Community and Social Services (MCSS) or our place on the Community Needs List.
- There is no correlation between the amount of LIGHTS funding provided and any future MCSS funding that I/we might receive.
- LIGHTS funding may not be combined with MCSS residential funding services or supports already being received.
- There is no guarantee of Ministry funding or the continuation of LIGHTS funding beyond the 5 year maximum funding period.

Signature of Applicant

Date

And/or signature of Legal Guardian

Date

For Office Use Only:

Received: _____________________  Completed: ______________________

LAB: _____________________   Approved:   No      Yes  $______________