

UNDERSTANDING YOUR NEEDS



Are you prepared for the Next STEPS of Your Life?

It can be hard to determine your specific support needs for situations you have not been thinking of, so we have made it easy for you.

Our Needs Assessment tool has been designed to help identify the gaps in your existing support coverage. Understanding these gaps will make it easier to plan for your future and to select the supports that are right for you and your family.

1. Completes the tasks of the day without 1:1 support

	Yes	No
If you became sick or were injured and could not support your dependent, would they be able to complete the necessary tasks of their day at home without 1:1 support?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If No, please consider a My STEP Program</i>		
Requires personal care support	<input type="checkbox"/>	<input type="checkbox"/>
Requires support to remain safe in the community	<input type="checkbox"/>	<input type="checkbox"/>

2. Navigates the Community independently

	Yes	No
If you became sick or were injured and couldn't support your dependent in the community, would he or she be able to complete the necessary tasks of his or her day?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If No, please consider a Community STEP Program</i>		
Follows directions in case of emergency and safeguards against harm	<input type="checkbox"/>	<input type="checkbox"/>

WHAT'S YOUR GREATEST CONCERN?

3. Sharing Space & Community Resources

	Yes	No
Can your dependent share space in the community at a 12:1+ member to staff ratio? Are they flexible with change and adapting to new situations?	<input type="checkbox"/>	<input type="checkbox"/>

*If No, please consider a **Social STEP Program***

Can navigate the community Independently	<input type="checkbox"/>	<input type="checkbox"/>
Requires support to try new things, meet new people or make friends	<input type="checkbox"/>	<input type="checkbox"/>

4. Independence at Home

	Yes	No
If you became sick or were injured and couldn't support your dependent at home, would he or she be able to complete the Activities of Daily Living without support?	<input type="checkbox"/>	<input type="checkbox"/>

*If No, please consider a **Home STEP Program***

Requires support to travel on the public transit	<input type="checkbox"/>	<input type="checkbox"/>
Requires support to complete Activities of Daily Living (ADLs)	<input type="checkbox"/>	<input type="checkbox"/>
Is eligible for DSO Passport funding	<input type="checkbox"/>	<input type="checkbox"/>

5. Employment

	Yes	No
Can your dependent work to support his or her own needs?	<input type="checkbox"/>	<input type="checkbox"/>

*If No, please consider a **Work STEP Program***

Can work a minimum 4-hour Shift, with a 15-minute Break	<input type="checkbox"/>	<input type="checkbox"/>
Can manage personal money and property to safeguard against harm	<input type="checkbox"/>	<input type="checkbox"/>
Is eligible for ODSP Support Benefits	<input type="checkbox"/>	<input type="checkbox"/>

