



Champlain Attendant Services Network

CASN is a network of agencies across the Champlain Local Health Integration Network (CLHIN). Through the Central Application Process, administered by VHA Health & Home Support, we work together to improve your access to attendant services.

Need assistance due to age, disability, illness or accident?

Attendant service provides physical support with daily activities, self-care or mobility to help restore a person's independence.

Attendant Outreach Services are provided on a pre-scheduled visit basis—at your home, work or adult education centre. Supportive Housing provides pre-scheduled and priority on-site support on a 24/7 basis.

After your application

is submitted

- **1.** Your completed application is faxed to your selected agency(ies).
- 2. Your selected agency(ies) will do a final review of your application and determine if you qualify for their service. They may contact you for additional information.

Eligibility

You must:

- **1.** Have a valid Ontario Health Card.
- **2.** Be able to direct your own care.
- 3. Be at least 16 years old.
- **4.** Have a physical disability that requires assistance with daily living activities.

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We are here to help you

Contact CASN when you need to:

- Find out about types of attendant service programs.
- Apply for attendant service.
- Change your contact information, or update your application if your needs change.

Contact your preferred Service Providers when you need to:

- Respond to any correspondence from them.
- Inquire about the status of your application to their program(s).

integrity in everything we do.

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For more information.

visit www.vhaottawa.ca

• Remove your name from their wait list.



There are four ways to apply:

Call 613.238.8420 or toll-free 1.877.818.0884

Email info@vhaottawa.ca

Visit www.vhaottawa.ca to apply online or download an application.

By mail

VHA Health & Home Support Suite 700 250 City Centre Ave. Ottawa ON K1R 6K7

Please note, the application must be signed by the applicant or by his/her Power of Attorney.



