

Autism Spectrum Disorder Individualized Funding (ASD-IF) Application Form

Instructions on How to Apply

Eligibility

To qualify for Autism Spectrum Disorder Individualized Funding (ASD-IF), a child must meet all of the following eligibility requirements:

- Is a resident of Saskatchewan and has a valid Saskatchewan Health Services Number.
- Is under twelve (12) years old.
- Has been diagnosed with Autism Spectrum Disorder (ASD).
- Is not ordinarily a resident on a reserve as defined in the *Indian Act* (Canada).

Please Note:

- If your child ordinarily resides on a reserve as defined in the *Indian Act* (Canada) your child may be eligible to access similar benefits provided by the Federal Government. If your child is eligible to receive benefits provided by the Federal Government, then your child is not eligible for ASD-IF.
- Please call 1-866-885-3933 (Government of Canada) or 1-833-304-1774 (Government of Saskatchewan ASD-IF toll free line) for more information.

Legal Guardians, Persons of Sufficient Interest and specified other caregivers may apply for ASD-IF on behalf of the child as defined below:

- **Parent:** The biological or adoptive mother or father of a child.
- **Legal Guardian:** A person to whom custody of a child has been granted by a court of competent jurisdiction or by a deed or agreement of custody.
- **Persons with Sufficient Interest:** A person that holds legal custody and is designated by the court to be a person having a sufficient interest in a child, pursuant to section 23 of The Child and Family Services Act.
- **Other:**
 - » A person with whom the child resides who is the primary caregiver and is not a legal or natural guardian, but who is raising the child (e.g., grandparent, aunt).
 - » Documentation for verification of other caregiver will be requested from the ASD-IF Administration Office after the application has been reviewed.

Please ensure you submit the following documentation, where applicable, along with your completed application:

- Proof of Saskatchewan Residency (SGL photo identification, SaskPower, SaskEnergy or a municipal water or utility bill from within the last three [3] months)
- Child's birth certificate
- Proof of ASD diagnosis
- Direct deposit form (if preferred option)
- For **Legal Guardians** and **Persons with Sufficient Interest** only: court documentation is required

Once you have completed your application, please mail this form and the required documents to:

Autism Spectrum Disorder Individualized Funding

Suite 90 - 1235 Main St. North
Moose Jaw, SK S6H 6M4

**Alternatively, you may email this form
and the required documents to:**

autismif@gov.sk.ca.

Parent/Guardian Information

First Name	Middle Name(s)	Last Name	Social Insurance Number (SIN)
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Your SIN is being collected to allow us to uniquely identify you within our system and to provide you with information if you may require assistance or have questions about your application. This information also assists us in improving our Internet suite of products and services.

We take all reasonable precautions to keep your personal information secure. Access to your personal information is restricted to prevent unauthorized access, modification or misuse, and is only permitted among employees responsible for the delivery of the program.

Mailing Address:

Street/Rural Address	Apt/Suite/Unit
City/Town/RM	Postal Code
Phone Number	Email

Child's Information

First Name	Middle Name(s)	Last Name	Health Services Number
Date of Birth (YYYY/MM/DD)	Sex: Male Female Prefer not to disclose	Parent/Guardian relationship to child: Parent Person of Sufficient Interest Legal Guardian Other	

Additional Child's Information #1 (Complete if applying for more than one child)

First Name	Middle Name(s)	Last Name	Health Services Number
Date of Birth (YYYY/MM/DD)	Sex: Male Female Prefer not to disclose	Parent/Guardian relationship to child: Parent Person of Sufficient Interest Legal Guardian Other	

Additional Child's Information #2 (Complete if applying for more than two children)

First Name	Middle Name(s)	Last Name	Health Services Number
Date of Birth (YYYY/MM/DD)	Sex: Male Female Prefer not to disclose	Parent/Guardian relationship to child: Parent Person of Sufficient Interest Legal Guardian Other	

Preferred Option for Receiving Benefit

We encourage you to select the direct deposit option. Direct deposit is convenient, Reliable, and secure, and allows us to process your application more efficiently.

Payment Option

Direct Deposit Cheque

Consent for Collection, Use and Disclosure of Information and Declaration

I/Parent or Guardian _____ of _____
Parent/Guardian name Child's name

of _____ understand and/or confirm:
City of Residence

- That to apply for the Autism Spectrum Disorder Individualized Funding, I am providing information that is considered personal information pursuant to The Freedom of information and Protection of Privacy Act (FOI/PA) and personal health information pursuant to The Health Information Protection Act (HIPA). Both types of information will be referred to as information throughout the rest of the document.
- That I have reviewed this application package to determine that my child is eligible to receive Autism Spectrum Disorder Individualized Funding.
- I certify that the information provided in this application is accurate and true to the best of my knowledge.

Further, I provide consent (agree):

- To the release of the application package and Information to the Ministries of Health and Education; who may provide information back to the Ministry of Social Services. I understand that when information is shared, it will be limited to what is needed or as allowed by law.
- My application is being submitted to the Ministry of Social Services where they will open a file and be responsible for keeping my information secure and confidential.
- My application and the information I provide within will be used by the Ministry of Social Services for the purposes of establishing eligibility to receive Autism Spectrum Disorder individualized funding.
- My information may also be used for evaluation and analysis. The information used will be limited to what is needed ensuring my information is kept confidential and secure at all times. Data included in reports will be de-identified (it will not include our names or other identifying information). It may include gender or sex and ages. This analysis may be shared with participating ministries.
- I can withdraw my consent at any time by writing or talking to the Autism Spectrum Disorder Individualized Funding Supervisor. If withdrawing consent, it will mean my application cannot continue and I cannot receive funding from Autism Spectrum Disorder Individualized Funding. Any information collected prior to withdrawal will continue to be used for analysis purposes.
- I have a right to request a copy of my file free of charge through the access request process. I will receive a copy of the file with all information I am legally entitled to receive.
- I understand that the information provided in this application package will be retained and disposed of in accordance with *The Archives and Public Records Management Act*.

I agree that if my child/children is/are eligible for the Autism Spectrum Disorder Individualized Funding:

- That the funding is provided on the condition that it is used for the purchase of eligible services that will support my child with ASD (a list of eligible services can be found at: saskatchewan.ca/autism). I will use the benefit for the purchase of eligible services that will support my child with ASD;
- I understand that I am required to keep all receipts, track expenses related to the ASD-IF benefit and will submit them to the Ministry of Social Services annually.
- I understand that the ministry may reduce future ASD-IF benefits to recover unused funds or funds that were spent on ineligible items. I also understand that if funds are not managed in accordance with program requirements, the Ministry of Social Services may request repayment of unused benefits or benefits spent on ineligible expenses and I agree to repay them upon request.

I confirm that my child meets all four of the eligibility requirements set out at the beginning of this application.

Signature of Parent/Legal Guardian Date (YYYY/MM/DD)