

Autism Spectrum Disorder Individualized Funding (ASD-IF)

Monthly Respite Invoice Form: Instructions

Please use the [Monthly Respite Invoice Form](#) found on saskatchewan.ca/autism to track and submit monthly respite expenses purchased with ASD-IF funds. You can use this form to record your monthly respite expenses either by downloading and completing the fillable form, or printing the form.

Example of a completed Monthly Respite Invoice Form:

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Monthly Respite Invoice Form: Expense Information

Instructions to complete this invoice form can be found on saskatchewan.ca/autism.

Child Information

Annie	Johnson	XXXXXXXX
Child First Name	Child Last Name	Health Services Number

Parent/Guardian Information*

Robert	Johnson	robertjohnson@sample.com
Parent/Guardian First Name	Parent/Guardian Last Name	Email Address

*This is the information of the ASD-IF funding recipient. If you are not sure which parent is the funding recipient, please contact autismif@gov.sk.ca.

Month:

Date (MM/DD/YY)	Service Provider (name)	Phone Number	Amount Paid (\$)
01/02/24	Jane Smith	306-555-5555	\$ 50.00
01/05/24	Jane Smith	306-555-5555	\$ 50.00
01/12/24	Jane Smith	306-555-5555	\$ 75.00
01/22/24	Jane Smith	306-555-5555	\$ 75.00
01/25/24	Jane Smith	306-555-5555	\$ 50.00
01/30/24	John Sample	306-777-7777	\$ 100.00
01/31/24	John Sample	306-777-777	\$ 100.00

Total (\$) \$ 500.00

Robert Johnson	02/01/24
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Printed Name (Parent/Guardian)
Autism Spectrum Disorder Individualized Funding Monthly Respite Invoice Form

Date (MM/DD/YYYY)
Saskatchewan!

Ensure you attach your completed Monthly Respite Invoice Form with your online expense submission. Please submit your monthly respite expenses online at: saskatchewan.ca/autism.

Example of online expense submission of monthly respite expense:

Eligible Service Expenses

Service Name <input type="text" value="Respite Services"/>	Expense Date (YYYY-MM-DD) <input type="text" value="2024 - 01 - 01"/>
Expense Amount <input type="text" value="500.00"/>	Expense Invoice (Max file size: 4MB) <input type="button" value="Choose File"/> ASD-IF - January 2024 Respite Expenses.docx
I certify <input checked="" type="checkbox"/> This expense is true/accurate and was provided and/or recommended by a service provider in accordance with the Eligible Services List	Additional Information <input type="text" value="Respite Expenses for January 2024"/>

Please complete a separate invoice form and submit a separate expense submission for each month of respite expenses.

Definition of Respite:

Respite provides parents and guardians of children with Autism Spectrum Disorder with a break from the daily responsibilities of caregiving. Parents and guardians are encouraged to select respite providers who are at least 12 years old, and have the emotional and intellectual maturity to provide alternate care to children.

Parents and guardians may hire family members to provide respite, but parents and guardians **cannot** be paid to provide respite for their child.

Respite funds cannot be used to allow the parent/guardian to attend employment activities (work or job), or educational institutions.

****Do not submit these instructions as part of the expense submission. ****