

How to apply online for Autism Spectrum Disorder Individualized Funding

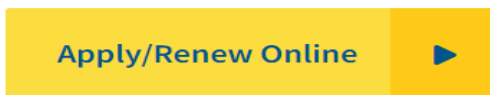
Autism Spectrum Disorder Individualized Funding (ASD-IF) is available to parents or guardians with children up to age 11 with a diagnosis of Autism Spectrum Disorder. Parents or guardians can apply online using any computer or other electronic device. If you do not have access to a computer or device to apply online, please contact the Ministry of Social Services at 1-833-304-1774 or autismif@gov.sk.ca.

You will need:

- A computer or other electronic device with Internet, Wi-Fi, or mobile data connection.
- An active e-mail address.
- Ability to scan/take pictures to submit documents electronically.
- Your Social Insurance Numbers (SIN).
- Your child's Health Services Number.
- Proof of Saskatchewan residency (SGI photo ID, SaskPower, SaskEnergy or a municipal water/utility bill within the last three months.)
- Proof of ASD diagnosis ([ASD-IF Diagnostic Form](#).) This is the ONLY form that will be accepted to confirm a diagnosis of ASD-IF. Other diagnostic forms will not be accepted. Please see Appendix A.
- Direct [Deposit Payment Request Form](#).

How to apply:

1. Log in to the computer, mobile phone or other device.
2. Visit: www.saskatchewan.ca/autism
3. Click on the 'Apply/Renew Online' button:



4. For **NEW** applicants, please answer '**NO**' to the below question and click 'Continue'. If you have ever received an ASD-IF payment, you must answer 'Yes'.

Application

Have you previously received Autism Spectrum Disorder Individualized Funding (ASD IF) for your child?

Yes

No


5. You will be taken to the Application Page. Next, fill out the parent/ guardian information fields shown below. Reminder, only **one parent** can apply for ASD-IF.

Ensure your information is entered correctly. Attach your "Proof of Saskatchewan Residency" documentation by clicking the 'Choose File' button to upload a photo or scan of your Saskatchewan driver's license, and a SaskEnergy, SaskPower, or municipal utility bill from within in the last three months.

Parent/Guardian Information

First Name <input type="text"/>	Middle Name <input type="text" value="Optional"/>
Last Name <input type="text"/>	Social Insurance Number (SIN) ⓘ <input type="text" value="____"/>
Mailing Address	
Street / Rural Address <input type="text"/>	Apartment / Suite / Unit <input type="text" value="Optional"/>
City / Town / RM <input type="text"/>	Postal Code <input type="text" value="____"/>
Phone number <input type="text" value="() ____"/>	Email <input type="text"/>
Proof of Saskatchewan Residency <i>(SGI photo identification, SaskPower, SaskEnergy or a municipal water/utility bill from within the last three months)</i>	
<input type="button" value="Choose File"/> No file chosen	

6. Fill out your child’s information in the next section. Attach the “Proof of Date of Birth” (birth certificate) and “Proof of ASD Diagnosis” (ASD-IF Diagnostic Form) information by clicking ‘Choose File’ in each field and uploading a photo or scanned copy of the document.

Click on the  for additional information.

Child's Information

First Name

Middle Name


Last Name


Saskatchewan Health Services Number

Date of Birth (YYYY-MM-DD)

Proof of Date of Birth
Birth certificate
 No file chosen

Sex
 Male Female Prefer not to disclose

Proof of ASD Diagnosis 
 No file chosen

Parent/Guardian Relationship to Child 
 Parent
 Legal Guardian
 Person of Sufficient Interest
 Other

Choose this option if you have another child in your home under age 12 with a diagnosis of Autism Spectrum Disorder.

7. Next, indicate your preferred option for receiving the benefit. Applicants are encouraged to receive their ASD-IF funds through direct deposit. You can download the direct deposit form [here](#). You may complete this form by printing it, then uploading a photo or scanning a copy of the document, or you can save the document to your computer, complete it, and select the ‘Choose File’ to attach the form.

Preferred Option for Receiving Benefit

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

Direct deposit

Direct Deposit Form [\(Download form\)](#) No file chosen

Void Cheque No file chosen

Cheque

Remember to also attach a **void cheque**, as per the instructions on the direct deposit form. If direct deposit is not an option for you, select 'Cheque' to have a cheque sent to the mailing address identified on your application.

8. Take the time to read the Consent for Collection, Use and Disclosure of Information and Declaration section, then click on 'I agree to the above terms and conditions.' Next, select 'Apply' to submit your application.

Before you select 'Apply' review the information you entered on the application to verify it's correct.

I agree to the above terms and conditions

Back Apply

9. Once you select 'Apply', you will be taken to a page that provides your application confirmation number. You may want to print or screenshot this page or write down the confirmation number for your records.

Thank you for completing the online application for Autism Spectrum Disorder Individualized Funding (ASD IF).

Your confirmation number(s) are ASDIF-0008017 (James Smith). Please [print](#) this page or write down the confirmation number for your records, or if you need to contact the ASD-IF program. You will receive an email from the ASD-IF program informing you of the status of your application once it has been processed.

If your application is approved, you will be required to submit receipts and records for all [eligible expenses](#) purchased with ASD-IF funds using the online ASD-IF Expense Submission Form on saskatchewan.ca/autism. You may start submitting expenses once your application is approved.

Tip: Be sure to check your spam or junk email folder as some email filters may block our emails to your inbox. If you have any questions or concerns, please feel free to contact ASD-IF during regular business hours (Monday-Friday 8:00 a.m. to 5:00 p.m.) by calling 1-833-304-1774 or emailing autismif@gov.sk.ca. Please note the office is closed on all statutory holidays.

Appendix A: Autism Programs Diagnosis of Autism Spectrum Disorder: Diagnostic Form



AUTISM PROGRAMS
DIAGNOSIS OF AUTISM SPECTRUM DISORDER

The personal information collected on this form will be used for the purposes of determining eligibility for Autism Individualized Funding through the Ministry of Social Services and will be treated confidentially in compliance with the *Health Information Protection Act* and the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be directed to the Ministry of Social Services, 1-833-304-1774.

This form is to be completed for:
Saskatchewan residents who have a child under the age of 12 who has received a diagnosis of Autism Spectrum Disorder (ASD) in order to access Autism Individualized Funding.

CHILD'S NAME:

DATE OF BIRTH: SASK HEALTH SERVICES NUMBER:

PARENT/GUARDIAN'S NAME:

SECTION 1 – QUALIFIED SPECIALIST INFORMATION

NAME OF SPECIALIST COMPLETING THE FORM:

PLEASE CHECK DISCIPLINE: Pediatrician Physician (General Practitioner)
 Registered Psychologist Autism Spectrum Disorder Consultant
 Registered Social Worker Psychiatrist

WORK ADDRESS:

CITY/TOWN: POSTAL CODE:

PROVINCE/TERRITORY:

PHONE NUMBER: FAX NUMBER:

EMAIL ADDRESS:

COLLEGE ID/REGISTRATION NUMBER (IF APPLICABLE):



SECTION 2 – AUTISM SPECTRUM DISORDER DIAGNOSIS INFORMATION (Please complete either 2a or b.)

2 a. CONFIRMATION OF DIAGNOSIS (To be filled in by the qualified specialist who provided the ASD diagnosis)

PLEASE CHECK BOX IF THE CHILD HAS ASD ACCORDING TO CRITERIA OF DSM-5/ICD-10

Date of Diagnosis:

2 b. REVIEW OF EXISTING DIAGNOSIS (To be filled in by qualified specialist* reviewing and can confirm the ASD diagnosis.)

PLEASE CHECK BOX IF YOU HAVE REVIEWED THE CHILD'S PAST ASSESSMENTS AND CAN CONFIRM THE CHILD HAS RECEIVED A DIAGNOSIS OF ASD ACCORDING TO THE CRITERIA OF THE DSM-5/ICD-10

	NAME OF QUALIFIED SPECIALIST REVIEWING THE DIAGNOSIS	LOCATION (CITY/PROVINCE/TERRITORY)
	<input type="text"/>	<input type="text"/>
		Date of Diagnosis: <input type="text"/>
	NAME OF QUALIFIED SPECIALIST WHO PROVIDED DIAGNOSIS	LOCATION (CITY/PROVINCE/TERRITORY)
	<input type="text"/>	<input type="text"/>
		Date of Original Diagnosis: <input type="text"/>

SIGNATURE OF QUALIFIED SPECIALIST COMPLETING FORM

DATE SIGNED (yyyy/mm/dd)

PART THREE – TO BE FILLED OUT BY PARENT OR GUARDIAN

I consent to release this information to the Ministry of Social Services for the purpose of determining eligibility for Autism Individualized Funding. This information will be treated confidentially and in compliance with the *Health Information Protection Act* and the *Freedom of Information and Protection of Privacy Act*.

SIGNATURE OF PARENT OR GUARDIAN COMPLETING FORM

DATE SIGNED (yyyy/mm/dd)

PLEASE UPLOAD YOUR COMPLETED DIAGNOSTIC FORM TO YOUR APPLICATION FOR INDIVIDUALIZED FUNDING AVAILABLE AT autismfunding.saskatchewan.ca

If you are mailing in your application for individualized funding, please include this form.

* Pediatrician; Registered Psychologist; Physician (General Practitioner); Autism Spectrum Disorder Consultant; Registered Social Worker; Psychiatrist

* If you have questions please contact your ASD consultant or the Ministry of Health at info@health.gov.sk.ca or 1800 667 7766.