



Autism Enhanced Respite Funding Application

Mandatory Criteria:

1. Resident of Cochrane/Timiskaming Districts;
2. Child/youth is under 18 years of age;
3. Diagnosis of ASD (Autism, Asperger Syndrome, PDD-NOS);
4. Diagnosis report is required;
5. To be used for In-Home or Out-Of-Home Respite or Organized Recreational Activities for the child/youth (i.e.: sports, clubs, camps etc.) that they can attend without parent(s)/legal guardian(s) or caregiver;
6. Receipts must be submitted for reimbursement as per established & communicated due dates or future funding may be comprised;
7. Custodial parent(s)/legal guardian(s) must arrange between them how the funds are used to support their child/youth's needs in all environments.

NOTE: *Funding only*; NEOFACS does not provide nor recommend respite workers/services.

Child/Youth's Name:		Date of birth: (mm/dd/yyyy):	
Parent(s)/Legal Guardian(s) with primary custody/care:		Telephone:	
Address:		City and Postal Code:	
Parent(s)/Legal Guardians(s) with shared custody/care:		Telephone:	
Address:		City and Postal Code:	
Has the child/youth been diagnosed with an Autism Spectrum Disorder? (*Required)			<input type="checkbox"/> YES <input type="checkbox"/> NO
Who provided the autism diagnosis?		Diagnosis Date: (mm/dd/yyyy)	
Is a copy of the diagnostic report attached? (*Required)			<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child/youth live at home with their family and require supervision?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have parent(s)/legal guardian(s) applied for/received other sources of funding for respite?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please indicate below which funding sources (i.e.: Assistance for Children with Severe Disabilities, Special Services At Home, Respite Care Program through Access Better Living/Community Living):			
How would the enhanced respite funds be used? (*Choose one or more categories)		<input type="checkbox"/> In-Home Respite <input type="checkbox"/> Out-of-Home Respite (includes organized recreational activities such as lessons or organized team sports) <input type="checkbox"/> Seasonal Camp (i.e.: Summer camp, March Break camp)	

APPLICATION COMPLETED BY:

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Name of person completing application form

Relationship to child/youth

Date (mm/dd/yyyy)

Submit application to:

Sarah Robinson, Program Supervisor
707 Ross Avenue East, Timmins, ON
P4N 8R1
(705-360-7100, ext. 5433)

APPROVAL

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Signature of Program Supervisor, Autism Enhanced Respite Funding

Date (mm/dd/yyyy)