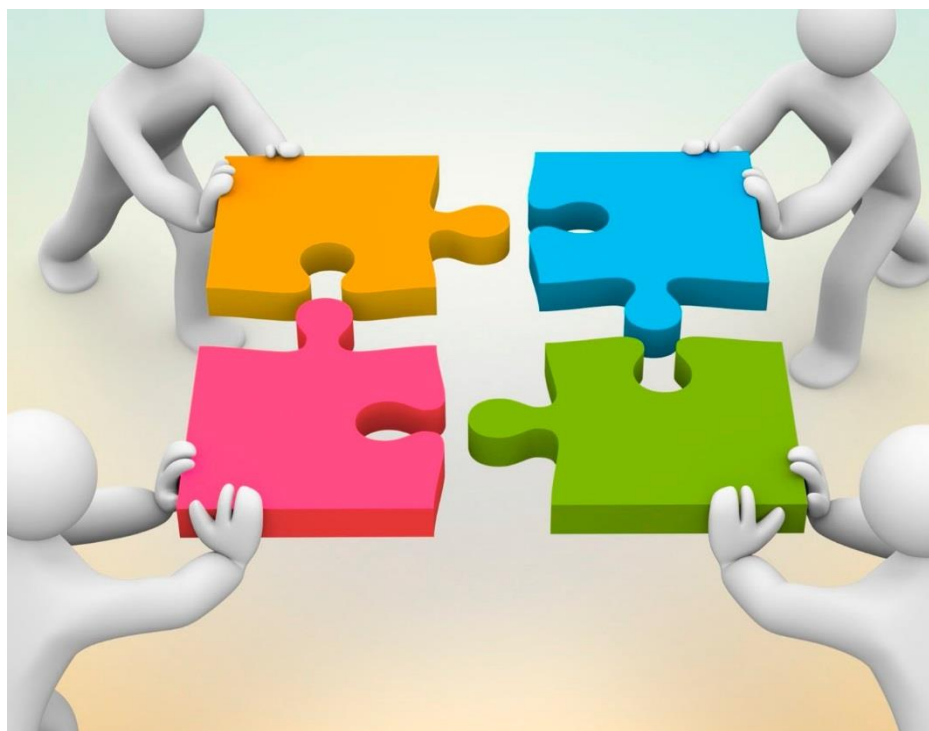




Department of Social Development and Housing

# School Age Autism Funding Guidelines



**For more information, please contact:**

Toll-free: 1-888-482-5330

Email: [autismfunding@gov.pe.ca](mailto:autismfunding@gov.pe.ca)

## Table of Contents

<b>AccessAbility Supports and School Age Autism Funding</b>	3
How does AccessAbility Supports connect with School Age Autism Funding?	3
AccessAbility Supports – A Brief Overview	3-4
<b>School Age Autism Funding</b>	5
Eligibility	6
Key Components and Funding Parameters	6-7
Steps for Applying for School Age Autism Funding	8
Steps to Submit for Payment or Reimbursement	9
<b>Appendices</b>	10
Appendix A: Time Tracking Log Invoice	11
Appendix B: Time Tracking Log Invoice - Sample	12
Appendix C: Vendor Registration for New Applicants	13-14
Appendix D: Payee Registration	15
Appendix E: Payment Processing Schedule	16
Appendix F: Change Notification Form	17-18

## AccessAbility Supports and School Age Autism Funding

### How does AccessAbility Supports connect with School Age Autism Funding?

Autism Spectrum Disorders (ASDs) are diagnosed based on a combination of specific behaviours, communication delays and/or developmental disabilities and varies widely in its severity and symptoms. Early identification, establishing appropriate educational supports, treatments and interventions greatly improve the chances of optimal outcomes for people with ASD.

The School Age Autism Funding is another area of support now offered through AccessAbility Supports. Individuals with ASD are now able to access both AccessAbility Supports and School Age Autism Funding through the same Department while working with one Support Coordinator. The School Age Autism Funding is in addition to all the other AccessAbility Supports described above and does not interfere with the funding that is available through AccessAbility Supports.

### AccessAbility Supports – A Brief Overview

AccessAbility Supports offers support and assistance to Islanders living with disabilities. Disabilities may include physical, intellectual, neurological, sensory and mental disabilities. Islanders living with disabilities can access the tools they need to reach their full potential and contribute to society as fully as possible. Supports can be personalized and focus on empowering individuals and their families.

Islanders living with disabilities, or their support person, can call **1-877-569-0546** where they will be asked a few questions about their disability and disability related needs. Once eligibility has been confirmed, an appointment will then be made with an AccessAbility Support Coordinator.

To access supports provided through the AccessAbility Supports Program, an assessment must be completed in order to determine eligibility for AccessAbility Supports as well as identify how disability affects your daily life and how AccessAbility Supports can help meet your needs. This assessment is not required if only accessing School Age Autism Funding.

### What type of support is available?

Help is available through the AccessAbility Supports program under five areas of support to help address client's unmet needs.

<b>Personal Supports</b>	Help with personal daily living assistance and <u>may include</u> : <ul style="list-style-type: none"><li>• life skills training in areas like meal preparation, budgeting, grocery shopping, recreational activities;</li><li>• technical aids and assistive devices such as a wheel chair; and</li><li>• supports that enable an individual to be self-sufficient and live independently such as in-home supports or personal care workers.</li></ul>
<b>Housing Supports</b>	Help with independent living and <u>may include</u> : <ul style="list-style-type: none"><li>• financial assistance for a caregiver to provide daily supervision and guidance in a community-based residential setting; and</li></ul>

	<ul style="list-style-type: none"> <li>financial help for required home and/or vehicle modifications - \$10,000 every 10 years for home modifications &amp; \$6,000 every eight years for vehicle modifications.</li> </ul>
Community Supports	<p>Help to increase active participation in the community and may include:</p> <ul style="list-style-type: none"> <li>assistance with finding or keeping a job including coaching, skills training, and supports for youth transitioning from the education system to the workforce; and</li> <li>supports to enable active participation in the community such as day programming, personal aid or specialized transportation.</li> </ul>
Caregiver Supports	<p>Help for family members or caregivers and may include:</p> <ul style="list-style-type: none"> <li>respite for caregivers to allow for time for breaks to recharge; and</li> <li>support to provide supervision for adults who are unable to stay home alone safely so that caregivers can go to work or school.</li> </ul>
Financial Supports (over 18 yrs)	<p>Help with basic living expenses, if needed, and may include:</p> <ul style="list-style-type: none"> <li>assistance for basic needs such as food, clothing, shelter, household and personal supplies through what is called Assured Income.</li> </ul>

## School Age Autism Funding

For the purposes of these guidelines, the following **Key Terms** are used:

**Parent:** Parent or legal guardian, as applicable.

**Employer:** Parent or legal guardian who hires a tutor or aide to provide support to their child or a non-government agency who hires a tutor or aide

**Department:** Department of Social Development and Housing

The primary purpose of School Age Autism Funding is to assist students in interacting with peers in the community and/or to further support their learning at school. The funding provided to parents is intended to assist with the cost of employing personnel. In some instances funds may be approved to cover costs for therapeutic activities specific to the student's needs and recommended by a supporting professional. Within these guidelines, the funding is voluntary and flexible and can be used at times or places specific to each child's situation.

Through this funding program, parents of school-age children with a recognized diagnosis of an Autism Spectrum Disorder (ASD) may receive up to \$6,600 per fiscal year, including any employer related expenses, towards eligible Autism support services.

If funding is approved for new applicants after the beginning of the fiscal year (April 1st- March 31st) the maximum funding amount is prorated, based on the date of approval.

School Age Autism Funding is specifically intended for PEI based home or community supports outside of school hours or during school vacation periods. To use this funding, the parent employs the tutor or aide directly or may designate a non-governmental agency to be the employer. Supports eligible for funding include:

- a) a one-to-one tutor in the home or with an approved agency to supplement the child's school program and minimize loss of skills during school vacation periods and/or
- b) a one-to-one aide for the child to access community (PEI-based) activities that support peer relationships and inclusion, specifically when an aide is required to enable participation.
- c) costs to support participation in therapeutic activities provided by a recognized non-government agency as recommended by a consulting professional

## Eligibility

**To be eligible for funding the following criteria must be met:**

- The child is younger than 18 years of age and resides within the Province of PEI. Funding eligibility ends at the end of the school year in which the child turns 18.
- The parent has provided the Department with written documentation of an Autism Spectrum Disorder from the diagnosing professional (i.e., registered physician, psychologist or psychiatrist). A provisional diagnosis is not accepted for these funding purposes;
- The child is enrolled in public or private school or registered as being home schooled;
- The parent/child must be an applicant of AccessAbility Supports to access the School Age Autism Funding. Parents may choose to access other disability related supports from AccessAbility Supports, but are not required to.
- School age autism funding is not available for any post-secondary education purposes.
- The parent/child agrees to work with their Support Coordinator to develop a plan that supports the intended use and parameters of the School Age Autism Funding program.
- The child requires the support of an adult to access community PEI-based activities; or tutoring outside of school hours to supplement or help maintain learned skills; or a consulting professional recommends that the student will benefit from a therapeutic activity.
- The parent or designated Agency agrees to follow the payment plan and schedule as per the Department guidelines.

## Key Components and Funding Parameters

The parent is responsible for arranging for, selecting and guiding the person or designated Agency who will be providing the tutoring or community aide supports. The Department does not assume responsibility or make recommendations to families regarding individual or Agency service providers.

- The tutor or aide may not be a member of the child's immediate family (parent, sibling or an individual living in the child's home) and must be at least 18 years of age. A current criminal and vulnerable person record check is recommended.
- The employer (parent or designated Agency) is reimbursed directly to a maximum total of \$6600 per fiscal year for the child for services, based on Time Tracking Log – Invoices submitted (See Appendix A/B). The number of hours for service and rate of pay is at the parent's discretion, to a maximum total of \$6600 per fiscal year.
- Available funding (up to \$6600) may not cover all costs incurred by parents in a fiscal year. Parents

are responsible for paying any additional costs if the annual amount is exceeded. Families may contact the Department ([autismfunding@gov.pe.ca](mailto:autismfunding@gov.pe.ca)) at any time to confirm the amount of funds remaining in the current fiscal year.

- As for all children who are supplementing school learning at home, the classroom teacher, resource teacher and/or board consultant may recommend activities or materials based on the outcomes being addressed in school.

Funding is provided for:	Funding is not provided for:
Services provided in person within the province	Services provided outside of the province or indirectly (i.e., internet based)
Tutoring outside of school hours or during school vacation periods to help maintain progress	Tutoring during school hours
One-to-one aide wages for after school or summer support or summer camp if required for participation (ie. an aide to attend 1 hr of soccer camp to work one-to-one with the child)	Tuition or fees for services, community events and/ or summer programming. Registration fees for programming costs are not covered.
One-to-one aide to enable access to community based programs, organized sports or service groups (i.e., Scouts, 4H, etc.) if required for participation	Travel time or mileage reimbursement. Registration fees and participant fees are not covered.
The cost of therapeutic activities such as equine or music therapy, or executive function coaching as recommended by a consulting professional that are not otherwise provided through another Government department. These services must be provided by a recognized non-government agency/business.	Professional assessment fees
<p>NOTE: School Age Autism Funding <b>may not be used for</b> supports currently provided through other government departments or agencies, including but not limited to:</p> <ul style="list-style-type: none"> <li>Disability related supports (i.e., respite, diapers, safety alarms, ID bracelets, etc.)</li> <li>Assistive technology or augmentative communication devices</li> <li>Speech, Occupational Therapy or Mental Health services</li> <li>Medical services</li> <li>Nutritional or dietary intervention</li> <li>Psychology</li> <li>All forms of counseling services</li> </ul>	

## Steps for Applying for School Age Autism Funding

### If a new applicant to AccessAbility Supports:

Step 1: The parent calls Social Programs at 1-877-569-0546 to book an appointment with an AccessAbility Supports (AAS) Coordinator. Documentation of the autism diagnosis (and any other disability diagnoses) will be required for the meeting with the Support Coordinator.

### If an existing client of AccessAbility Supports:

Step 1: The parent contacts their AAS Coordinator to inform them that they are interested in accessing the School Age Autism Funding.

### The remaining steps should be followed for a new applicant or an existing AAS client:

Step 2: Once the Support Coordinator confirms the autism diagnosis, eligibility for School Age Autism Funding can be confirmed. Funding is pro-rated during the first year of the program. After the first year, funding continues uninterrupted from year to year until the child is no longer eligible.

Step 3: The parent works with the Support Coordinator to incorporate use of School Age Autism Funding into the child's AAS Collaborative Support Plan. This portion of the support plan needs to follow the guidelines for School Age Autism Funding (see pages 5 - 7) and include information about the tutor or aide, expectations of the work the tutor/aide will be doing, and the wage rate. The parent identifies an agency, tutor or aide that will work with their child and agrees with the agency/tutor/aide on a wage rate.

This information is captured on Vendor Registration for New Applicant form (Appendix C) and this document must be completed and returned to the Support Coordinator.

Step 4: If the request for School Age Autism Funding includes access to therapeutic activities, the parent must provide a written recommendation from the autism professional working with the child (i.e. Education Autism Consultant). Only recognized non-government agencies will be paid for these supports.

Step 5: Once the Support Coordinator receives the completed Vendor Registration for New Applicant form they record the date of receipt and the annual funding amount approved. The pro-rated amount is calculated using the date that eligibility is confirmed (Step 2).

Step 6: Once the Vendor Registration for New Applicant form is finalized and added to the Collaborative Support Plan (date received), the parent can begin to arrange hours of service with the tutor/aide/agency. Hours of service that predate the receipt of the completed Vendor Registration for New Applicant form **are not eligible for reimbursement.**



Step 6: The Support Coordinator signs the completed Vendor Registration for New Applicants form and sends a scanned copy to the Autism Funding Administrator. The original is kept in the client's file so it can be referred to during the year if needed or at the next annual review.

## Steps to Submit for Payment or Reimbursement

Step 1: Direct Deposit is the only payment option available. The Payee Registration Form (Appendix D) **MUST** be completed and approved at least 14 days before a payment can be issued. To ensure there are no delays this information should be submitted along with the Vendor Registration for New Applicants form.

Direct payments can be made to non-government agencies provided they complete Part E of the Vendor Registration for New Applicants form and submit a Payee Registration form for Direct Deposit.

Direct payments for private tutors or community aides are issued directly to parents and cannot be set up for direct payments to individual tutors or aides.

Step 2: Hours of service are tracked using the Time Tracking Log – Invoice (Appendix A). When hours of service have been completed by the tutor or aide, the parent or agency submits Time Tracking Log - Invoice to the Autism Funding Administrator to receive payment (See Appendix A/B). Logs must be signed by both the parent and the tutor or aide and specify the actual number of hours, the dates worked and the hourly rate.

Step 3: The Department issues payments to the parent or agency as the employer of the tutor or aide as outlined on the Vendor Registration for New Applicant form (Appendix C).

Step 4: Payments are issued according to a regular Payment Processing Schedule (See Appendix D). Time Tracking Log - Invoices submitted after the scheduled deadline will be processed in the next payment period. Parents/employers are encouraged to submit logs every two weeks as “bulk submissions” of more than four weeks can take longer to process and may result in delays in payments.

Step 5: The Change of Notification form (Appendix E) must be completed any time there is a change affecting payments. This includes adding or removing employee or agency names, updates to mailing or banking information for employer (parent/guardian or designated agency).

### PLEASE NOTE:

**Effective April 1, 2021 only Department of Social Development and Housing Time Tracking Log – Invoices will be accepted for payment.**

## Appendices

- Appendix A Time Tracking Log - Invoice
- Appendix B Time Tracking Log Invoice Sample
- Appendix C Vendor Registration for New Applicants form
- Appendix D Payee Registration Form
- Appendix E Payment Processing Schedule
- Appendix F Change Notification Form

Appendix A

Department of Social Development and Housing  
School Age Autism Funding



**Time Tracking Log – Invoice**

For the purposes of School Age Autism Funding, the parent, legal guardian or non-governmental agency is the designated employer of the one to one tutor or aide. In all cases, the funding is paid only to the designated employer with required description of service.

<b>Child's Name:</b>			
<b>Employer Identification</b>	<input type="checkbox"/> Parent or legal guardian	<input type="checkbox"/> Designated Agency	
Name:			
Address:			
Telephone:			
<b>Employee Identification</b>	<input type="checkbox"/> Tutor	<input type="checkbox"/> Community Aide	<input type="checkbox"/> Therapeutic Activity
Name:			
Address:			
Telephone:			

Dates of Service	Hours Worked	Description of Service
<b>@ Hourly Rate _____</b>	<b>Total Hours _____</b>	<b>Total Cost _____</b>

Employer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN BY MAIL**  
Autism Funding Administrator  
Social Development and Housing  
161 St. Peters Road  
Suite 206, PO Box 2000  
Charlottetown, PE C1A 7N8

**RETURN BY EMAIL**  
autismfunding@gov.pe.ca

**RETURN BY FAX**  
1-902-368-4720

Appendix B

**SAMPLE**

Department of Social Development and Housing  
School Age Autism Funding



**Time Tracking Log – Invoice**

For the purposes of School Age Autism Funding, the parent, legal guardian or non-governmental agency is the designated employer of the one to one tutor or aide. In all cases, the funding is paid only to the designated employer with required description of service.

<b>Child's Name:</b> Susie Smith			
<b>Employer Identification</b>		<input checked="" type="checkbox"/> Parent or legal guardian	<input type="checkbox"/> Designated Agency
Name: Mary Jane Smith			
Address: 135 Water Road, Summerside, PE C1N 0H0			
Telephone: 902-555-5555			
<b>Employee Identification</b>		<input checked="" type="checkbox"/> Tutor	<input type="checkbox"/> Community Aide
Name: Joe Frank			
Address: 204 Wave Street, Summerside, PE C1N 1Q1			
Telephone: 902-555-5555			

Dates of Service	Hours Worked	Description of Service
January 4	2 – 5 pm (3 hrs)	One-to-one tutor
January 8	2 – 5 pm (3 hrs)	One-to-one tutor
January 14	2 – 4 pm (2 hrs)	One-to-one tutor
January 15	2 – 4 pm (2 hrs)	One-to-one tutor
January 22	2 – 5 pm (3 hrs)	One-to-one tutor
January 24	2 – 4:30 pm (2.5 hrs)	One-to-one tutor
<b>@ Hourly Rate \$13.00</b>	<b>Total Hours</b> <u>15.5</u>	<b>Total Cost</b> <u>\$201.50</u>

Employer Signature: \_\_\_\_\_ *Isabella Smith* \_\_\_\_\_

Date : January 28, 2020

Employee Signature: \_\_\_\_\_ *Joe Frank* \_\_\_\_\_

Date : January 28, 2020

**RETURN BY MAIL**

Autism Funding Administrator  
Social Development and Housing  
161 St. Peters Road  
Suite 206, PO Box 2000  
Charlottetown, PE C1A 7N8

**RETURN BY EMAIL**

autismfunding@gov.pe.ca

**RETURN BY FAX**

1-902-368-4720

Appendix C

Department of Social Development and Housing  
School Age Autism Funding



**VENDOR REGISTRATION FOR NEW APPLICANTS**

**PART A – CHILD AND FAMILY INFORMATION**

<b>Child's Name:</b>		
Date of Birth (MM/DD/YYYY)	PHN	
<b>Name of Parent/Guardian</b> (PLEASE PRINT)		
Address		
Telephone	Email	
Signature of Parent /Guardian	Date Signed _____ (YYYY/MM/DD)	

**PART B – TYPE OF FUNDING REQUESTED – pick all the apply**

<input type="checkbox"/> Funding for <b>tutor</b> during non-school hours <input type="checkbox"/> Funding for community based <b>one-to-one aide</b> during non-school hours <input type="checkbox"/> Funding for therapeutic activity – <b>copy of recommendation from consulting professional required and must be provided by a designated non-government agency</b>
--

**PART C – EMPLOYER INFORMATION**

<input type="checkbox"/> Parent/Guardian - Complete PART D as soon as this information is available <ul style="list-style-type: none"> <li>o The Payee Registration Form is completed &amp; included for direct deposit – <b>this is the only payment option available</b></li> </ul> <input type="checkbox"/> Designated non-government agency (Complete PART E) <input type="checkbox"/> Both (Complete PART D and E)
--

**PART D – EMPLOYEE INFORMATION –COMPLETE THIS INFORMATION AS SOON AS IT IS AVAILABLE**

Some families choose to have more than one tutor or aide in the same time period. If this is the case, please fill out the Employee Information below for each person employed.

**Employee Information #1**

Name	
Address	
Telephone	Email
Hourly Wage Rate \$ _____ per hour	Hours per week _____
Brief Description of the work the tutor/aide will be doing or what the therapeutic activity is including the name of the consulting professional making the recommendation	
<input type="checkbox"/> Not an immediate family member (parent, sibling or person living in the home with the child) <input type="checkbox"/> At least 18 years of age	<input type="checkbox"/> Vulnerable Persons Check completed (recommended) <input type="checkbox"/> Criminal Record Check completed (recommended)

**Employee Information #2**

Name _____	
Address _____	
Telephone _____	Email _____
Hourly Wage Rate \$ _____ per hour	Hours per week _____
Brief Description of the work the tutor/aide will be doing or what the therapeutic activity is including the name of the consulting professional making the recommendation  	
<input type="checkbox"/> Not an immediate family member (parent, sibling or person living in the home with the child)	<input type="checkbox"/> Vulnerable Persons Check completed (recommended)
<input type="checkbox"/> At least 18 years of age	<input type="checkbox"/> Criminal Record Check completed (recommended)

**PART E – DESIGNATED AGENCY INFORMATION –THE DESIGNATED AGENCY MUST COMPLETE THIS SECTION**

Agency Name _____	
Address _____	
Telephone _____	Email _____
Contact Person _____	
Signature of Agency Representative _____	
Date _____	
Hourly Rate payable to the Agency \$ _____ per hour	Hours per week _____
Name of Tutor to be Employed _____	
Brief Description of the work the tutor/aide will be doing or what the therapeutic activity is including the name of the consulting professional making the recommendation  	
<input type="checkbox"/> Yes, we would like direct deposit as the employer (Payee Registration Form completed and included)	
<input type="checkbox"/> Agency is already set up as a vendor for School Age Autism Funding	

**Please return this completed form to your AAS Support Coordinator as soon as it has been completed.**

<b>Internal Use</b>
Date of receipt: _____
Annual Funding Amount Approved: _____
AAS Coordinator Signature: _____
Autism Funding Administrator Signature: _____
Date processed: _____

Personal information on this form is collected under Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and the *Provincial Health Number Act* and will be used for administering the *Social Assistance Act* and the *Rehabilitation of Disabled Persons Act*. If you have any questions about this collection of personal information, you may contact the Manager of Administration, Social Programs, Department of Social Development & Housing, (902) 368-5230.

## Appendix D



# Payee Registration Form

(see reverse for instructions)

<b>PAYEE #</b>	
----------------	--

**Freedom of Information and Protection of Privacy**

The personal information requested on this form is collected under the authority of section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap. F-15.01, and will be used for the purpose of administering payments to the individuals or suppliers that are identified on this form. This use includes the sharing of this information within the Government of Prince Edward Island and its agencies to update and ensure the accuracy of information for administering payments. Questions on the collection and use of this information can be directed to Payment Processing at (902) 368-4010.

- New Payee**                     
  **Update to Payee Information (i.e. address or updated banking)**

**Section A: Personal or Business Information**  
 Fill out this section as an individual OR for your business. All fields are required.

**For Individuals Only**

First Name	Full Middle Name(s)	Last Name	Previous Last Name(s)
Date of Birth  (DD/MM/YYYY)	If you are a Provincial Government Employee: Employee Number                      Department		

**For Businesses Only**

Business Name (Legal name and operating name if different)	HST/GST No.	Contact Person & Position
--	-------------	---------------------------

**For Individuals and Businesses**

Current Mailing Address	City	Province or State	Postal Code or Zip Code
Phone Number (including area code)	Email Address (for payment remittance details)	Email Address (for purchase orders if different)	

Previous Mailing Addresses. Please provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account.

**Section B: Payment Information**

To receive payments from the Government of Prince Edward Island you **MUST** provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following:

Void cheque  
 OR  Correspondence from Financial Institution (bank)

**Section C: Certification**

I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. By providing banking information for electronic payment I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business.

Authorized Signature (Forms returned without a signature will not be processed)  Sign Here <b>X</b>	Printed Name (For Businesses Only)	Date
---	------------------------------------	------

**Section D: Additional Information**

**Section E: For Office Use Only**

**BUSINESS UNIT:**     FIS     MEPS     LMDA     ISM     PSB     FLSB

See Instruction page for form submission details

## Appendix E

Department of Social Development and Housing  
School Age Autism Funding



### PAYMENT PROCESSING APRIL 1, 2021 – MARCH 31, 2022

APRIL							MAY							JUNE							JULY							AUGUST							SEPTEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3						1		1	2	3	4	5					1	2	3	1	2	3	4	5	6	7					1	2	3	4	
4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	5	6	7	8	9	10	11
11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	12	13	14	15	16	17	18
18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	19	20	21	22	23	24	25
25	26	27	28	29	30	23	24	25	26	27	28	29	27	28	29	30	25	26	27	28	29	30	31	29	30	31	26	27	28	29	30										
							30	31																																	
OCTOBER							NOVEMBER							DECEMBER							JANUARY							FEBRUARY							MARCH						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	1	2	3	4	5	6			1	2	3	4					1		1	2	3	4	5			1	2	3	4	5						
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8	6	7	8	9	10	11	12	6	7	8	9	10	11	12
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15	13	14	15	16	17	18	19	13	14	15	16	17	18	19
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22	20	21	22	23	24	25	26	20	21	22	23	24	25	27
24	25	26	27	28	29	30	28	29	30	26	27	28	29	30	31	23	24	25	26	27	28	29	27	28	28	29	30	31													
31																			30	31																					

### LEGEND

**PAYMENTS ISSUED** – April 9, 23, May 7, 21, June 4, 18, July 2, 16, 30, Aug 13, 27, Sept 10, 24, Oct 8, 22, Nov 5, 19, Dec 3, 17, 31, Jan 14, 28, Feb 11, 25, March 11, 25

**DEADLINE TO SUBMIT FOR NEXT PAYMENT DATE** – April 12, 26, May 10, 25, June 7, 21, July 5, 19, Aug 2, 16, 30, Sept 13, 27, Oct 12, 25, Nov 8, 22, Dec 6, 20, Jan 4, 17, 31, Feb 14, 28, March 14, 29

**HOLIDAY &/or OFFICE CLOSED** – April 2, 5, May 24, July 1, Aug 10, Sept 6, Oct 11, Nov 11, Dec 27, 28, Jan 3, Feb 15



## Appendix F



Department of Social Development and Housing  
School Age Autism Funding

### CHANGE NOTIFICATION

**INSTRUCTIONS:** You **MUST** complete this form any time there is a change affecting payment(s). This includes adding or removing employee or agency names, updates to mailing or banking information for employer (parent/guardian or designated agency), payment preference.

#### PART A – CHILD AND FAMILY INFORMATION

<b>Child's Name</b>	
Date of Birth (MM/DD/YYYY)	Personal Health Number (PHN)
<b>Name of Parent/Guardian</b> (PLEASE PRINT)	
Address	
Telephone	
Signature of Parent /Guardian	Date Signed _____ (YYYY/MM/DD)

#### PART A – CHANGE REQUESTED

<input type="checkbox"/> Parent/Guardian assuming some or all of the employer function (Complete PART B)
<input type="checkbox"/> Change to Parent/Guardian employer information. Please indicate change below and complete PART B <ul style="list-style-type: none"><li><input type="checkbox"/> Change in address</li><li><input type="checkbox"/> Change in banking information</li></ul>
<input type="checkbox"/> Adding a Designated Agency as the employer (Complete PART C)
<input type="checkbox"/> Removing a Designated Agency as the employer (Complete PART D)

#### PART B – CHANGE IN PARENT/GUARDIAN STATUS OR INFORMATION

Name of Parent/Guardian
Address
Telephone and Email
<b>New or Changed payment option</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Please change my address or contact information (Payee Registration is completed &amp; included)</li><li><input type="checkbox"/> Please change my banking information (Payee Registration is completed &amp; included <b>along with</b> a void cheque or correspondence from Financial Institution [bank])</li></ul>

**PART C – ADDING DESIGNATED AGENCY – Please have the Designated Agency Complete This Section**

Agency Name	
Address	
Telephone and Email	
Contact Person	
Signature of Agency Representative	Date Signed _____ (YYYY/MM/DD)
Hourly Rate payable to the Agency \$ _____ per hour	Hours per week _____
Name of Individual to be Employed	
Brief Description of the work the tutor/aide will be doing or what the therapeutic activity is including the name of the consulting professional making the recommendation	
<input type="checkbox"/> The Payee Registration Form is completed and included <b>along with</b> a void cheque or a correspondence from the Financial Institution (bank). Direct Deposit is the only payment option available. <input type="checkbox"/> Agency is already set up as a vendor for School Age Autism Funding	

**PART D – REMOVING DESIGNATED AGENCY – Please have representative of Designated Agency sign this section**

Agency Name	
Telephone and Email	
Effective Date	
Signature of Agency Representative	Date Signed _____ (YYYY/MM/DD)

**Please return this completed form to your AAS Support Coordinator as soon as it has been completed.**

<p><b>Internal Use</b></p> <p>Date of receipt: _____</p> <p>Annual Funding Amount Approved: _____</p> <p>AAS Coordinator Signature: _____</p> <p>Autism Funding Administrator Signature: _____</p> <p>Date processed: _____</p>
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Personal information on this form is collected under Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and the *Provincial Health Number Act* and will be used for administering the *Social Assistance Act* and the *Rehabilitation of Disabled Persons Act*. If you have any questions about this collection of personal information, you may contact the Manager of Administration, Social Programs, Department of Social Development & Housing, (902) 368-5230.