



The personal information on this form is collected for the purpose of providing funds through the Autism Funding Program: Ages 6-18 in accordance with the Supply Act under the authority of Section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). Questions about the collection, use or disclosure of this information should be directed to the Autism Funding Community Liaison/Quality Assurance Officer, toll free at 1-877- 777-3530, PO Box 9776 Stn Prov Govt, Victoria BC V8W 9S5.

Part One Parent (Agreement Signatory) Section

Reference Number (for office use only)

Instructions

- Parent to complete Part 1 and sign the form.
Give to Accountant as defined in the A Parent's Handbook: Your Guide to Autism Programs for confirmation along with original supporting documents.
Once the Accountant has completed Part 2 submit the original completed form to Autism Funding with supporting documents.

Table with 4 columns: Child's Last Name, First Name, Middle Name(s), Date of Birth (yyyy-mmm-dd); Funding Period Start Date (yyyy-mmm-dd), Funding Period End Date (yyyy-mmm-dd), Funding Amount Received, Amount Spent

Supporting Documents Checklist

- Original detailed expense receipts or invoices with proof of payment attached
Justification for Equipment/Supplies forms attached
Statements for the child's separate bank account attached
Letter of Recommendations attached
Autism Funding expense approval letters attached

I understand that I can claim only for eligible Autism Expenses as defined on the reverse side of this Form, in accordance with the terms of the Direct Payment Agreement and that the attached expenses were incurred on behalf of my Child named above for Autism Intervention. Unspent funds will be brought forward and count towards the next funding period provided eligibility is maintained. The annual funding amount cannot exceed the maximum of \$6,000.00 per year.

Please indicate if any of the following situations apply:

- The child will be 19 years old during the 12 months following the Funding Period End Date above.[1]
The child no longer resides in British Columbia.[1]
The Parent (Agreement Signatory) no longer resides in British Columbia.[1]
The child is no longer in the Parent's (Agreement Signatory) care, control and supervision at least 50% of the time.[1]
I have been advised my Direct Payment Agreement has been terminated.[1]
Less than \$1,500.00 has been spent during the funding period indicated above.[2]
Your home address has changed within the last 12 months.

Form fields for Address, City, Country, Province, and Postal Code

- 1. The child and/or Agreement Signatory are no longer eligible for Autism Funding Direct Payment. Attach a cheque payable to Minister of Finance for the 'total amount of unspent funds' indicated by the Accountant below.
2. Funds being brought forward and deducted from the next funding period will exceed the maximum \$6,000.00 annual funding available for the new funding period. The Autism Funding Branch will contact you to advise the amount required to be repaid.

Form fields for Parent (Agreement Signatory) Name (please print), Signature, Daytime Phone, Date Signed (yyyy-mmm-dd)



Part Two Accountant Section Instructions

- Accountant to review documentation provided by the Parent (Agreement Signatory), complete Part 2 and sign the form.
Provide original completed form with supporting documents to the Parent (Agreement Signatory).

I have reviewed the original documentation showing proof of payment and I confirm the invoices/receipts are attached for the amounts noted below:

Confirmed Receipts + Unconfirmed Documents = Total (confirmed and unconfirmed)
Total Unspent Amount

Did you encounter any concerns with verifying amounts paid that Autism Funding should be aware of? If so, provide details below and enter associated amounts in the Unconfirmed Documents field above.

Large empty text box for providing details of concerns.

Have you attached an additional document with more details?(your signature is required on each page) [] Yes [] No

Form fields for Name (please print), Member Number, Professional Designation (check one), Signature, Date Signed (yyyy-mmm-dd), and Daytime Phone.

Mail Completed Accountant Confirmation form and supporting documents to:

Autism Funding
Ministry of Children and Family Development
PO Box 9776 Stn Prov Govt
Victoria BC V8W 9S5
Toll Free 1-877-777-3530 or, in Greater Victoria: 250-387-3530



Definitions:

"Accountant" means an accountant with a professional designation of a Certified General Accountant, Chartered Accountant, Certified Management Accountant or Chartered Professional Accountant.

Amounts entered by the Accountant:

"Confirmed Receipts" means the dollar value of the receipts and/or invoices received from the parent which match the payment amount a service provider has confirmed with the Accountant were paid to them. There are five options for an Accountant to confirm that an invoice/receipt from a Service Provider was paid to that Service Provider:

1. The Service Provider can sign the bottom of the invoice next to a note indicating the amount and date that payment was received;
2. The Service Provider can issue a receipt or statement indicating the amount paid;
3. The parent can provide the original cashed cheque submitted to the Service Provider;
4. The parent can provide an original bank statement indicating the payee name and the amount paid; or
5. The Accountant can contact the Service Provider directly to verbally confirm the payment was made.

"Unconfirmed Documents" means the dollar value of the receipts and/or invoices received from the parent which the Accountant was unable to confirm that an invoice/receipt from a Service Provider was paid to that Service Provider.

"Total (of Confirmed and Unconfirmed)" means the Confirmed Receipts amount plus the Unconfirmed Documents amount.

"Total Unspent Amount" the different between the Funding Amount Received and the Total (of Confirmed and Unconfirmed).

"Autism Expenses" refer to eligible services and autism intervention services including travel, training and equipment as set out in the section entitled "Autism Funding: Ages 6 - 18" in [A Parent's Handbook: Your Guide to Autism Programs](#) under *Eligible Autism Intervention Services*.

"Child" means a person ages 6 through 18, with a diagnosis of Autism Spectrum Disorder who meets the eligibility criteria as outline in [A Parent's Handbook: Your Guide to Autism Programs](#).

"Funding Amount Received" means the amount paid to the Parent (Agreement Signatory) for the funding period indicated on this form; includes funds that were unspent in a prior funding period and carried forward to the funding period indicated on this form.

"Funding Period" means the period determined by the birth-date of the child commencing on the first day of the month following the child's birthday and ending on the last day of the child's birth month, the following year (12 months).

"Parent" means the Agreement Signatory on the Autism Funding Direct Payment Agreement,

"Supporting Documents" refers to the original detailed expense receipts or invoices with proof of payment, cashed cheques, statements for the Child's separate bank account, Letter of Recommendations, Justification for Equipment/Supplies forms and approval letters.