



The personal information collected on this form will be used for the purpose of providing funds through Autism Funding Program under the authority of the Supply Act and guided by 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 Children and Youth Special Needs Policy Branch, 250-952-6044, PO Box 9719 Stn Prov Govt, Victoria, B.C. V8W 1C3.

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Complete this form to request changes to a previously approved Request to Pay Form (CF0925).

SECTION 1 CHILD INFORMATION

Form with fields: LAST NAME, FIRST, MIDDLE, DATE OF BIRTH (YYYY/MM/DD), Is this a child in care? YES/NO

SECTION 2 SERVICE PROVIDER

Form with fields: SERVICE PROVIDER NAME, PROGRAM/ ACTIVITY/ CAMP NAME, AGENCY NAME (If Applicable)

SECTION 3 AMENDMENTS

Form with fields: CHANGE SERVICE START DATE TO: (YYYY/MM/DD), CHANGE SERVICE END DATE TO: (YYYY/MM/DD), BILLING NUMBER, INCREASE/DECREASE options for HOURLY RATE and TOTAL AMOUNT

I consent to the changes noted on this form.

Form with fields: PARENT/LEGAL GUARDIAN NAME (Please print), DAYTIME PHONE NUMBER, SIGNATURE OF PARENT/GUARDIAN, DATE SIGNED (YYYY/MM/DD)

MAIL OR FAX COMPLETED FORM TO:

AUTISM FUNDING UNIT
PO BOX 9776 STN PROV GOVT
VICTORIA BC V8W 9S5
FAX NUMBER: 250-356-8578

FOR AUTISM FUNDING INFORMATION CONTACT:
Greater Victoria: 250-387-3530
Toll Free: 1-877-777-3530