

**Respite Funding Application for
Children and Youth with Autism Spectrum Disorder (ASD)**

*PLEASE note the NEW Application deadlines and Rules
Regarding Funding as set out on the Funding Information Sheet*

Date: _____

Child's Name: _____ Date of Birth: _____

Parents/Guardian's Name: _____ Phone Number: _____

Address: _____

Agency assisting with this application (if applicable): _____

Contact (name and telephone): _____

Has your child been provided with a formal diagnosis of Autism Spectrum Disorder?

YES NO

Diagnosed by Psychiatrist/Physician/Psychologist: _____

When: _____

If ASD Respite funding is approved, how do you intend to use it? (See Funding Information sheet)

Out of your home In your home Seasonal camp

Please estimate the costs: _____

Do you receive any other respite service/funding? (Such as: Special Services at Home, Assistance for Children with Severe Disabilities Benefits, Enhanced Respite, Out of Home Respite) YES NO

If yes: How much respite funding and/or hours of respite service are you receiving this year?

Respite funding _____

Hours of service _____

Signature of Parent/Guardian: _____

Please submit application forms to:

North Hastings: North Hastings Community Integration Association
P.O. Box 1508 Bancroft ON K0L 1C0 Phone: 613-332-2090
Fax: 613-332-4762

Central/South/East Hastings and Quinte West: Counselling Services of Belleville and District
phone 613-966-7413
12 Moira Street East, Belleville ON K8P 2R9 fax: 613-966-2357

Prince Edward County: Community Living Prince Edward
67 King Street Unit #1 PICTON ON K0K 2T0 Phone: 613-476-6038
Fax: 613-476-2868

For office use only:

Funding Approved Amount Approved from April 1 20__ to March 31, 20__ : \$ _____

Funding Not Approved Why? _____

Parent/guardian informed: Phone call: Date: _____
or
Letter Sent: Date: _____