ONE-TO-ONE SUMMER SUPPORT WORKER REIMBURSEMENT FUND 2020

Print, Complete and Mail

APPLICATION

Deadline for Application: June 26, 2020

Autism ONTARIO

APPLY ONLINE: Visit: www.autismontario.com/camp

Child/ Youth: Surname | First Name

Note: One application per child *No nicknames please*

Birth date: D M Y Gender: M F

Primary Diagnosis*:

Note: Only reports from qualified diagnosing health professionals will be accepted.

Parent/ Guardian: Surname | First Name

Street: Apt:

City: Postal Code:

Tel Home:

Tel Other:

Email:

Worker: Surname | First Name

Street: Apt:

City:

Phone:

Are you a member of Autism Ontario? Y N Chapter Name

Note: Membership with Autism Ontario is not required to receive support under this fund.

I am enclosing:

1. ☐ Proof of Diagnosis (clear, legible copy)

   OR

   ☐ Diagnosis is already on file at Autism Ontario

2. ☐ This completed, signed application

Application Process:

1. Autism Ontario is now accepting applications for participation in the 2020 Summer Fund for a minimum of 500 randomly selected families
2. Please complete your signed application and mail with a copy of diagnosis. (You will receive an email acknowledging our receipt of your application)
3. Autism Ontario will notify all applying families whether they were randomly selected to receive funds by June 30, 2020. If you are selected, you will receive further instructions that you must follow to submit eligible receipts by no later than September 18, 2020 before reimbursement is made. Once all required documentation has been received, reimbursement of up to $600 will occur within 30 business days.

Note:

1. Autism Ontario will provide reimbursement to a maximum of $600 per child/youth for fees incurred by their parent/guardian who retains the services of a one-to-one support worker (worker must be 18 or older) between July and August 2020 for their child/youth with ASD (up to 18th birthday).
2. Cheques will not be issued in advance of Autism Ontario receiving all documents (proof of diagnosis, signed application and original receipt(s)).
3. Membership in Autism Ontario is not required to access the Fund, as per Canada Revenue Agency guidelines. However, the child/youth for whom the funds are intended must have a diagnosis of an Autism Spectrum Disorder.

Release of Liability:

I understand that no information will be released without my authorization. I will indemnify and save harmless Autism Society Ontario (operating as Autism Ontario) and each of their officers, directors, employees, volunteers and agents from and against any and all claims, actions or demands, including, without limitation, reasonable legal and accounting fees, alleging or resulting from my use of the family funding. I am aware that Autism Ontario neither supports nor endorses any one camp or program. I am also aware that Autism Ontario does not endorse or train any individual for the purpose of working one on one with my child. (Autism Ontario complies with the Personal Health Information Protection and Electronic Document Act (PIPEDA). All information gathered is stored in a confidential manner. To view Autism Ontario's Privacy Policy, please visit www.autismontario.com.)

By signing I am acknowledging the release of liability above and I am certifying that the information provided in this application is true, correct and complete to the best of my ability.

Parent/Guardian Signature: _____ Date: _____

Mail all items to: Autism Ontario, ATTN: Ginny Kontosic, 1179 King Street West, Suite 004, Toronto, ON M6K 3C5
t: 416-246-9592 x 225 f: 416-246-9417 ginny@autismontario.com

Application Received: D M Y | Diagnosis Received: | Application Approved: | Amount Approved: | Cheque #: | Cheque Date: D M Y

APP #: | Authorized: | D M Y | Authorized: | D M Y