Prince Edward Island
CANADA
Education and Early Childhood Development

APPLICATION FOR SCHOOL-AGE AUTISM FUNDING

The following information should be completed by the parent or guardian requesting School-Age Autism Funding for a child with a diagnosis of Autism Spectrum Disorder. Please see Autism Funding Guidelines for eligibility criteria

Date:_____

PART A: TYPE OF FUNDING REQUESTED

School-Age Autism Funding	☐ Funding for home based tutor during non-school hours ☐ Funding for community based one-to-one aide during non-school hours

PART B: CHILD INFORMATION

Name of Child:	Date of Birth (YYYY/MM/DD)
Diagnosis:	☐ Autism ☐ Autism Spectrum Disorder ☐ Asperger Syndrome ☐ PDD-NOS
Diagnosing Professional:	
Documentation of diagnosis provided:	☐ Yes ☐ No
Current Learning Setting:	☐ Public school ☐ Private school ☐ Home-schooled ☐ Other: _____

PART C: FAMILY INFORMATION

Parent or Guardian's Name:	
Address (City/Town/Postal Code):	
Daytime phone # ( ) Evening phone # ( )	Email:

PART D: EMPLOYER INFORMATION

For purposes of School-Age Autism Funding, the parent is the employer of the one-to-one tutor or aide. If requested by the parent, a early childhood centre or PEI registered agency may be the employer. In all cases, the funding is paid to the designated employer with required documentation of service. (See Autism Funding Guidelines for required documentation)

Employer:	☐ Parent or Guardian ☐ Early Childhood Centre ☐ Agency
Parent:	
Agency or Centre Name: (If applicable)	
Agency/Centre Administrator: (If applicable)	
Address (City/Town/Postal Code)	
Phone # ( )	Email:
Direct Deposit Option:	☐ Yes, I would like direct deposit as the employer (see Direct Deposit form-Appendix I) ☐ No, please send funds via a check

PART E: EMPLOYEE INFORMATION

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.

Name:	☐ Home Tutor ☐ Community Aide
Address (City/Town/Postal Code):	
Phone # ( )	Email
☐ Not an immediate family member (parent, sibling or person living in the home with the child) ☐ At least 18 years of age	
☐ Vulnerable Persons Check completed (recommended) ☐ Criminal Record Check completed (recommended)	

:

Name:	☐ Home Tutor ☐ Community Aide
Address (City/Town/Postal Code):	
Phone # ( )	Email:
☐ Not an immediate family member (parent, sibling or living in the home with the child) ☐ At least 18 years of age	
☐ Vulnerable Persons Check completed (recommended) ☐ Criminal Record Check completed (recommended)	

Name:	☐ Home Tutor ☐ Community Aide
Address (City/Town/Postal Code):	
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☐ Vulnerable Persons Check completed (recommended) ☐ Criminal Record Check completed (recommended)	

PART F: FUNDING REQUESTED

The hourly wage rate is determined by the employer but must be identified in the application below. Maximum funding is $6600 per fiscal year (April 1-March 31). Funded Amount is based on Time Tracking Logs submitted and actual hours of service provided.

Hourly wage rate $_____ per hour	Start Date: (YYYY/MM/DD) _____ End Date: (YYYY/MM/DD) _____ (if known)

Please review the following statements and indicate agreement by providing a signature below.

1. I am the parent having primary responsibility for my child or legal guardianship of this child.
2. I certify that the information provided above is correct.
3. I understand that the information on this form will be used to determine eligibility and continuing eligibility for Autism Funding provided by the Department of Education and Early Childhood Development.

Name of Parent /Guardian (Please print)	Signature of Parent /Guardian	Date Signed (YYYY/MM/DD)

Retain a copy of the application for your records. Mail, fax, email or bring the original application to

Attention: Autism Funding Administrator
Department of Education & Early Childhood Development
Holman Centre, 250 Water Street, Suite 101
Summerside, PE C1N 1B6
Telephone: (902) 438-4854
Toll-free: 1-888-482-5330
Fax: (902) 438-4874
Email: autismfunding@gov.pe.ca

Personal information on this form is collected under section 31 of the *Freedom of information and Protection of Privacy Act* R.S.P.E.I. 1988, c.F-15.01, as it relates directly to and is necessary for access to Autism Funding and Services. If you have any questions about this collection of personal information, you may contact the Autism Coordinator at (902)569-7792.

For internal use:

Record of Diagnosis provided - Yes ☐ No ☐	Autism Funding Approved - Yes ☐ No ☐
Date approved: _____	DEECD Signature: _____