



The personal information collected on this form will be used for the purpose of providing funds through Autism Funding Programs: Under Age 6 Program under the authority of the Supply Act and guided by the Freedom of Information and Protection of Privacy Act.

Instructions: See page 4 of Autism Funding Agreement (CF0900).

AGREEMENT NUMBER: _____

MONTH: _____

YEAR: _____

Form with fields for CHILD'S LAST NAME, FIRST, MIDDLE, and BIRTH DATE (YYYY/MM/DD)

1. SERVICES PURCHASED*

Table with 5 columns: NAME & ADDRESS OF SERVICE PROVIDER, TYPE OF SERVICE, DATE(S) OF SERVICES PROVIDED, AMOUNT, DATE OF PAYMENT (YYYY/MM/DD)

*Services refers to services from Behavioral Consultants and Therapists listed on the Registry of Autism Service Providers, Behavioral Interventionists, Administrative and employer costs.

TOTAL AMOUNT PAID

Empty box for total amount paid

2. OTHER AUTISM EXPENSES (Travel, Training, Equipment and Materials)

Table with 4 columns: TYPE OF PURCHASE*, NAME AND DATE OF ITEM/CONFERENCE/TRAINING PURCHASED OR PURPOSE OF TRAVEL EXPENSE, AMOUNT, DATE OF PAYMENT (YYYY/MM/DD)

*Type of purchase refers to Travel, Training, Equipment or Materials as outlined within "A Parent's Handbook: Your Guide to Autism Programs".

TOTAL AMOUNT PAID

Empty box for total amount paid

Original detailed expense receipts or invoices with proof of payment attached

Bank statement for this month attached

Behavioral Plan of Intervention (one to be submitted annually)

I understand that I can claim only for eligible expenses as outlined in A Parent's Handbook: Your Guide to Autism Programs and that the above listed expenses were incurred on behalf of my Child named above for Autism Intervention.

Form with fields for PARENT'S NAME (Please Print), DAYTIME PHONE NUMBER, PARENT'S SIGNATURE, DATE SIGNED (YYYY/MM/DD)

Mail Completed Schedule B and Original Receipts to:

AUTISM FUNDING UNIT
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