



The personal information collected on this form will be used for the purpose of providing funds through Autism Funding Programs: Under Age 6 Program and Autism Funding Programs: Ages 6-18 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 9S1.

The following information should be completed by a parent or guardian requesting funds for Autism Funding for a child with a diagnosis of Autism Spectrum Disorder. Funds may be provided from the date that eligibility is determined and based upon required documents being provided.

SECTION 1 – CHILD INFORMATION

Form with fields for CHILD'S NAME, CHILD'S PERSONAL HEALTH NUMBER, GENDER, DATE OF BIRTH, and care status questions.

SECTION 2 – FAMILY INFORMATION

Form with fields for PARENT or GUARDIAN'S NAME, DATE OF BIRTH, DAYTIME PHONE NUMBER, ADDRESS, CITY/TOWN, POSTAL CODE, and EVENING PHONE NUMBER.

Please include other household members (below) who live at the above address (Including other parent). Use back of this page if more space is required.

Table with columns: LAST NAME, FIRST, MIDDLE, RELATIONSHIP TO CHILD, GENDER, DATE OF BIRTH(YYYY/MM/DD)

- 1. Based on age of child please indicate which autism program you are applying for:
- Autism Funding: Under Age 6 Program.
- Autism Funding: Ages 6-18 Program.
2. Attach copies of the following documentation:
- Proof of the child's age (i.e. Birth Certificate).
- Current BC Care Card for the child.
- If the child is under age 6, provide a BCAAN clinical outcomes (PANTER) form or a Private (Non-BCAAN) Diagnosis of Autism Spectrum Disorder form.
- A Confirmation of Diagnosis form is required for children diagnosed prior to April 1, 2004.
- If the child is ages 6 to 18, BCAAN clinical outcomes (PANTER) form or a Private (Non-BCAAN) Diagnosis of Autism Spectrum Disorder form.
- If the child is up to and including the age of 18 and is a new resident of BC, with a diagnosis of Autism Spectrum Disorder from another province or territory, a Confirmation of Diagnosis form.

Note: All documents must be provided before eligibility is determined.

Parent/Guardian is required to read 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 understand that the information on this form will be used to determine eligibility and continuing eligibility for the Autism Funding: Under Age 6 and Autism Funding: Ages 6–18 programs.

NAME OF PARENT/GUARDIAN	SIGNATURE OF PARENT/GUARDIAN	DATE SIGNED(YYYY/MM/DD)

Submit your application form with supporting documentation to your local Ministry of Children and Family Development (MCFD) office. Retain a copy for your records.

If you need assistance with locating contact information for your local MCFD office, please call **Enquiry BC**:

Victoria: 250 387-6121
Vancouver: 604 660-2421
Elsewhere in BC: 1 800 663-7867