



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 1C3.

Please read the "Instructions on Completing the CF0926 Reimbursement for Autism Expenses" on page 2 carefully before completing this form. Under the Autism Invoice Payment Option, a parent or guardian uses this form to request reimbursement for eligible expenses.

SECTION 1 PARENT/GUARDIAN INFORMATION

Form with fields for LAST NAME, FIRST, MIDDLE, HOME PHONE NUMBER, WORK PHONE NUMBER, ADDRESS, CITY/TOWN, and POSTAL CODE.

SECTION 2 CHILD INFORMATION

Form with fields for LAST NAME, FIRST, MIDDLE, DATE OF BIRTH, and Is this a child in the care of the ministry? (YES/NO).

Table with 4 columns: DATE(S) OF PURCHASE, DESCRIPTION OF EXPENSE, RECEIPTS ATTACHED, and AMOUNT. Includes a sub-header for 'Travel, Training, Equipment, and Supplies'.

TOTAL EXPENSE CLAIM

I agree that these are expenses related to the child's autism intervention.

Form with fields for SIGNATURE OF PARENT/GUARDIAN and DATE SIGNED (YYYY/MM/DD).

MAIL COMPLETED FORM WITH ORIGINAL RECEIPTS ATTACHED 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

TO BE COMPLETED BY MINISTRY ONLY

TO BE COMPLETED BY THE AUTISM FUNDING UNIT

Table with 7 columns: MINISTRY, RESP, SERVICE LINE, STOB, PROJECT NUMBER, INVOICE NUMBER, and TOTAL. Includes a '39' in the MINISTRY column.

Form with field for OCG SUPPLIER NUMBER.

Form with fields for SPENDING AUTHORITY, CERTIFIED CORRECT PURSUANT TO SECTIONS 32 AND 33 OF THE FINANCIAL ADMINISTRATION ACT AND RELATED POLICIES, PRINT NAME, SIGNATURE, and DATE (YYYY/MM/DD).

INSTRUCTIONS ON COMPLETING THE CF0926 REIMBURSEMENT FOR AUTISM EXPENSES

Autism funding must be used for eligible autism intervention expenses, as outlined in A Parent's Handbook: Your Guide to Autism Programs.

Reimbursement forms must be submitted to the Autism Funding Unit for payment within six months of the date of travel/training and/or date of equipment/supplies purchase. Reimbursement forms received after the 6 months will not be accepted.

Up to 20% of autism funding may be spent on eligible travel, training, equipment and supplies related to intervention annually. The Autism Funding Unit may be contacted at any time to check the invoice payment account balance to ensure the 20% annual limit is not exceeded

This form can be used for:

Travel costs to access autism intervention services or training within BC (round trip greater than 80 km).

Reimbursement rates:

- Mileage at \$0.40 per km for a private vehicle
- Hotel (maximum \$100 per night)
- Parking (maximum \$15 per day)
- Toll charges
- Ferry, airline, bus and train fare

Please include the following for all travel submissions:

Name of traveller, reason for travel, type of expense (e.g. hotel, mileage), travel from/to location, dates of travel and cost

TRAINING

- Reimbursement for registration costs for parents or behaviour interventionists to attend autism-specific training. Provide the name and date(s) of the training event attended.
- Educational books, DVDs and videos for parents (specific to autism)

Please include the following for all training submissions:

Name of person who will receive training, name/type of training, dates of training and cost

EQUIPMENT AND SUPPLIES

- A Justification for Equipment/Supplies form, must be completed by a professional/specialist who will be overseeing the use of the requested item (behaviour consultant, physiotherapist, speech-language pathologist, occupational therapist, registered psychologist, registered psychological associate, paediatrician, psychiatrist, or neurologist).
- It is recommended parents wait to purchase any equipment until they have received an approval letter from the Autism Funding Unit

Please include the following for all Equipment and Supplies submissions:

Item(s) purchased, cost

EMPLOYER RELATED EXPENSES

- The form is also used to reimburse parents for employer-related costs such as WorkSafeBC, Employment Insurance, Canadian Pension Plan

Please include the following for all Employer Related Expense submissions:

Name(s) of employee(s), cost

ATTACH ORIGINAL RECEIPTS AND KEEP A COPY OF ALL DOCUMENTS FOR YOUR RECORDS

Contact the Autism Funding Unit for assistance with completing this form

Phone: within Victoria: 250-387-3530 or toll-free: 1-877-777-3530

Email: mcf.autismfundingunit@gov.bc.ca