

February 25, 2021

Enclosed you will find an application for funding for children and youth with Autism Spectrum Disorder along with a letter explaining the application process, a consent form, and information regarding where you can submit completed forms.

Please complete one application and sign a consent form for each child who may be eligible for funding.

If you have already submitted an application it is not necessary to complete another one.

Sincerely,  
ASD Respite Committee.

Encl.

## Autism Spectrum Disorder Respite Funding

The purpose of this funding is to provide meaningful respite opportunities for families and caregivers who are supporting children with Autism Spectrum Disorder (ASD). To be eligible, a child must have a diagnosis of a Pervasive Developmental Disorder including: Autism Spectrum Disorder, Asperger's Syndrome, Rhett's Syndrome, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder Not Otherwise Specified.

For the purposes of this funding, a child is defined as 17 years old or younger.

**ASD Respite Funding for the 2021-2022 fiscal year will provide Individualized Direct Respite Funding** to families of children who have ASD and present with urgent respite care needs and/or children with ASD who are not eligible for other sources of respite funding to pay for in-home or out-of-home respite.

**Funds are very limited and there will be a \$2,200.00 cap per child, less administration fees. Proof of Delivery and/or receipts must be obtained by families for respite services provided and are to be submitted to:**

**North Hastings:** North Hastings Community Integration Association

**Central/South/East Hastings and Quinte West:** Counselling Services of Belleville and District

**Prince Edward County:** Community Living Prince Edward

All applications **must be received by March 15, 2021**, in order to qualify for this year's allocation.

### Priority will be given to:

Families who do not receive any other funding

Families who are on a waitlist for funding

Families who have limited or no other funding

### The Process

- ✓ Applications will be accepted once per year
- ✓ Approvals will be made once per year
- ✓ Applications will be available at CSBD, North Hastings Community Integration and Community Living Prince Edward. The application form may be downloaded from CSBD's website at [www.csbsd.on.ca](http://www.csbsd.on.ca)
- ✓ A wait list will not be created

Fax or mail your application to:

**North Hastings:** North Hastings Community Integration Association  
P.O. Box 1508 BANCROFT ON K0L 1C0  
Phone: 613-332-2090 Fax: 613-332-4762

**Central, South, & East Hastings, and Quinte West:**  
Counselling Services of Belleville and District  
12 Moira Street East, BELLEVILLE ON K8P 2R9  
Phone: 613-966-7413 Fax: 613-966-2357

**Prince Edward County:**  
Community Living Prince Edward  
67 King Street, Unit #1, PICTON ON K0K 2T0  
Phone: 613-476-6038 Fax: 613-476-2868

- ✓ Your application form is submitted to an approval committee of community agencies.
- ✓ If your application has been approved you will receive a letter with further instructions.
- ✓ If your application is declined you will receive a letter notifying you of the decision.

**Respite Funding Application for  
Children and Youth with Autism Spectrum Disorder (ASD)**

***PLEASE** note the **NEW** Application deadlines and Rules  
Regarding Funding as set out on the Funding Information Sheet*

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parents/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Agency assisting with this application (if applicable): \_\_\_\_\_

Contact (name and telephone): \_\_\_\_\_

Has your child been provided with a formal diagnosis of Autism Spectrum Disorder?  YES  NO

Diagnosed by Psychiatrist/Physician/Psychologist: \_\_\_\_\_

When: \_\_\_\_\_

If ASD Respite funding is approved, how do you intend to use it? (See Funding Information sheet)

Out of your home       In your home       Seasonal camp

Please estimate the costs: \_\_\_\_\_

Do you receive any other respite service/funding? (Such as: Special Services at Home, Assistance for Children with Severe Disabilities Benefits, Enhanced Respite, Out of Home Respite, Autism Childhood Budget)

YES  NO  WAITLIST

If yes: How much respite funding and/or hours of respite service are you receiving this year?

Respite funding \_\_\_\_\_

Hours of service \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Please submit application forms to:**

**North Hastings:** North Hastings Community Integration Association  
P.O. Box 1508 BANCROFT ON K0L 1C0  
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**For office use only:**

Funding Approved  Amount Approved from April 1 20\_\_ to March 31, 20\_\_: \$ \_\_\_\_\_

Funding Not Approved  Why? \_\_\_\_\_

Parent/guardian informed: Phone call: Date: \_\_\_\_\_ of Letter Sent Date: \_\_\_\_\_

## AUTHORIZATION TO RELEASE/OBTAIN INFORMATION

I hereby authorize to release information to, "Autism Spectrum Disorder Respite Services allocation Committee" comprised of representatives from the following agencies:

- Counselling Services of Belleville & District
- Community Living Belleville & Area
- North Hastings Community Integration Association
- Community Living Prince Edward
- Kerry's Place for Autism

regarding:

\_\_\_\_\_ (Name of Individual) \_\_\_\_\_ (D.O.B)

I understand the purpose of this Authorization to Release/Obtain Information to be:

**To enable the ASD Respite Services allocation Committee to process your application for Autism Spectrum Disorder (ASD) Respite funding.**

This authorization shall be valid for the duration of involvement by the ASD Respite Services allocation committee from the date of signing and does not permit further disclosure without my specific written consent.

\_\_\_\_\_  
Witness Date

\_\_\_\_\_  
Individual (over 16 years of Age) Date

\_\_\_\_\_  
Witness Date

\_\_\_\_\_  
Parent or Guardian Date