

Autism Services Program Financial Assistance Application

Fall 2019 Application Deadline: Thursday, August 29, 2019

Child's Name: _____ Program Session & Year: _____

Mother's Name: _____ Her Email: _____

Father's Name: _____ His Email: _____

*We do the majority of our correspondence with parents through email. If you do not have an email: Phone: _____

Mailing Address: _____ City: _____ Postal Code: _____

Please select one column below & check off all that apply to your family:

Total # of people in your
_____ household including yourself

Single parent household

Currently working

On Maternity (Pat) leave

Full time student

Self-employed

Total # of people in your
_____ household including yourself

Double parent household

Both parents currently working

Only one parent working

One parent on Maternity (Pat) leave

One parent full time student

Both parents full time students

One parent self-employed

Both parents self-employed

Please list any other special circumstances that should be considered:

The information I have submitted is, to the best of my knowledge, correct. I understand that if I submit false or inaccurate information, or fail to notify Autism Services of any changes to my financial situation, I may be terminated from the financial assistance program. I understand that if my application is incomplete, it will not be accepted.

Signature: _____

Date: _____

Please check off all that apply to your family's situation:

This is my first time applying for Financial Assistance I am applying to renew my application for Financial Assistance

Check off all documentation you have submitted to us:

A completed Financial Assistance Application Form

A copy of my 2018 Notice of Assessment

Myself

My Partner

A copy of my 2018 Notice of Assessment is already on file

Myself

My Partner (Renewal applicants only)

Copies of my two most recent pay stubs

Myself

My Partner

Copies of my two most recent Social Assistance pay stubs

Myself

My Partner

If self-employed: I have provided a written summary of my revenue for this year up until this point of submitting my application.

(Similar to a revenue statement that is submitted quarterly to the Government for tax purposes)

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DROP-OFF or MAIL: 209 FAIRMONT DRIVE SASKATOON, SK S7M 5B8

PHONE: (306) 665-7013 **EMAIL:** registration@autismservices.ca

If you have submitted your forms via email or mailed them in, please follow up with us to confirm we have received it.

Thank you for applying for our Financial Assistance program.

We will contact you directly with the status of your application once it has been reviewed.

Frequently Asked Questions:

IS IT POSSIBLE TO JOIN AUTISM SERVICES PROGRAMS FOR FREE?

No, everyone must pay a percentage of the program fees for all programs that have a cost associated with them.

IS THERE A MINIMUM AMOUNT FOR A PROGRAM FEE THAT WILL BE FINANCIALLY ASSISTED?

Yes, we will consider funding any programs that have a program fee of \$50.00 or higher.

HOW DOES AUTISM SERVICES DETERMINE HOW MUCH I CAN AFFORD TO PAY?

We use a blend of the financial information you have provided to us and the government's Low Income Cut-off Chart to determine eligibility.

CAN AUTISM SERVICES DENY MY APPLICATION FOR FINANCIAL ASSISTANCE?

Yes, your request may be denied if your financial information does not identify an inability to pay the full fees, if your application form is incomplete it will not be accepted or if you have not submitted a completed application by the deadline.

HOW WILL I KNOW THAT MY APPLICATION FOR FINANCIAL ASSISTANCE HAS BEEN PROCESSED?

Autism Services will contact you by email or phone once your application has been processed.

IF I RECEIVE FINANCIAL ASSISTANCE, WHAT IS EXPECTED OF ME?

Please keep all information and approval rates discussed confidential. It is your responsibility to inform Autism Services if your financial situation changes prior to your next renewal. Also, please update Autism Services with any changes to your email address and contact information.

WHAT IF MY CHILD MISSES A CLASS?

Attendance in each program is paramount to the success of our financial assistance program. Each participant will be permitted 2 absences per program session. If the client is absent for more than 2 classes in a session, financial assistance may be revoked and the parent/caregiver must submit full payment of program fees immediately. Exceptional circumstances will be considered by the Family or AIP/MHWT Programs department.

DO I HAVE TO REAPPLY FOR FINANCIAL ASSISTANCE BETWEEN PROGRAM SESSIONS?

Yes, a new Financial Assistance form must be completed for each program session you wish to apply for along with new documentation submitted to us to confirm your current income situation. Once a copy of your Notice of Assessment is on file for that year, we do not require additional copies to be submitted each session.

2018 Low Income Cut-Off Table (LICO) before taxes

% of Program Fees covered	2 people	3 people	4 people	5 people	6 people	7 people	7+ people
80%	\$0 - \$31,061	\$0 - \$38,185	\$0 - \$46,362	\$0 - \$52,583	\$0 - \$59,304	\$0 - \$66,027	Add \$6,723 per extra person
50%	\$31,062 - \$38,184	\$38,186 - \$46,361	\$46,363 - \$52,582	\$52,584 - \$59,303	\$59,305 - \$66,026	\$66,028 - \$81,518	Add \$6,723 per extra person