



Financial Assistance Application Form - Winter 2022

Please include this application with your Registration Form.

Section A - Applicant Information:

Name of applicant: _____ Email: _____
 Relation to participant: _____ Participant Name: _____

For office use only:

Section B - Choose which one best suits your current situation:

Option 1: Your current household income is directly through social assistance from the Government

(Saskatchewan Income Support (S.I.S.) or Saskatchewan Assured Income for Disability (S.A.I.D.)

- Include a copy of your most recent statement of benefits and deductions from the government for both parents

Option 2: This is your first time requesting Financial Assistance with us and are not receiving social assistance from the Government

- Include a copy of each parents 2020 Notice of Assessment (NOA) from the government (260 - Taxable Income)
- Include a copy of each parents two most recent pay stubs.

Option 3: You are reapplying for Financial Assistance with us and are not receiving social assistance from the Government

- Include a copy of each parents two most recent pay stubs.

Section C - Complete (Only use the 2nd parent area if you are applying as a double parent household):

Who is applying: Single parent household _____ Single individual who wants to participate in our programs _____
 Double parent household _____

Name of Parent #1 or Individual participant applying:

Total # of Individuals in the household: _____

I am: Working _____ Not working right now _____

If working: I can provide my 2 most recent paystubs _____
 I am self employed & can provide a written summary of my revenue for this year up until now _____

Reason(s) not working: Receiving Employment Insurance (EI) _____ On Maternity/Paternity leave _____
 (check all that apply) Receiving Sask. Assured Income Disability (SAID) _____ Full Time Student _____
 Receiving Sask. Income Support (SIS) _____ Other: _____

Name of Parent #2:

Total # of Individuals in the household: _____

I am: Working _____ Not working right now _____

If working: I can provide my 2 most recent paystubs _____
 I am self employed & can provide a written summary of my revenue for this year up until now _____

Reason(s) not working: Receiving Employment Insurance (EI) _____ On Maternity/Paternity leave _____
 (check all that apply) Receiving Sask. Assured Income Disability (SAID) _____ Full Time Student _____
 Receiving Sask. Income Support (SIS) _____ Other: _____

Section D - Signature

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 or submitted past deadline, it will not be accepted.

Signature: _____

Date: _____