
Autism Direct Funding Application 2025 - 2026

IMPORTANT:

Please read all instructions before starting your application. Incomplete applications will not be considered.

Families residing in Waterloo Region who have a child under the age of 18 with an ASD diagnosis are eligible to apply for Autism Direct Funding to **potentially** receive up to \$500 that can be used in three possible ways. **Note – Not every applicant is guaranteed to receive funding. Priority applicants will be those who are not yet receiving Special Services at Home funding.**

1. To cover the cost of summer camp programs (all camp programs are eligible i.e. inclusive and specialized programs)
2. To pay for respite support (e.g., to give care providers a break) or 1-1 support (e.g., Support worker at a camp program)
3. To pay for recreation/leisure/skill development programs

Please note:

This funding cannot be used to pay for any form of therapy, including Speech Therapy, Occupational Therapy, or Applied Behaviour Therapy (ABA).

Submitting applications:

Applications can be submitted by mail or dropped off to 205-1120 Victoria St. North in Kitchener. If you have any issues completing or submitting the application, please call the Autism Direct Funding Committee at 519-741-1121, ex. 2288.

For children 0 – 17 years.

INCOMPLETE FORMS WILL NOT BE CONSIDERED.

Child's Name: _____

Date of Birth (e.g. Jan. 1, 2008): _____

Age: _____

Diagnosis: _____

Diagnosis Made By: _____

Parent/Guardian Name: _____

Phone: _____

Email Address: _____

Mailing Address: _____

City: _____

Postal Code: _____

Have you applied for Special Services at Home funding (SSAH)?

- Yes
- No

If you are receiving SSAH funding, what is your yearly allocation amount? * (Please check your SSAH approval letter or contact your coordinator at Extend-a-Family Waterloo Region)

\$ _____

Is there more than one child/sibling in the home with an Autism Spectrum Disorder diagnosis?

- Yes
- No

Camp:

Are you planning to use ADF for camp fees? (Please note that funding can only be used for camps starting April 1, 2025 until March 31, 2026)

- Yes
 No (If no, skip to section on Respite or 1:1 Support Workers)

Name of Camp #1 _____

Cost of Camp #1 per week _____

Address of Camp #1 (Include: STREET, CITY, POSTAL)

Start Date - Camp #1 (Month, Date, Year) _____

End Date - Camp #1 (Month, Date, Year) _____

Name of Camp #2 _____

Cost of Camp #2 per week _____

Address of Camp #2 (Include: STREET, CITY, POSTAL)

Start Date - Camp #2 (Month, Date, Year) _____

End Date - Camp #2 (Month, Date, Year) _____

Name of Camp #3 _____

Cost of Camp #3 per week _____

Address of Camp #3 (Include: STREET, CITY, POSTAL)

Start Date - Camp #3 (Month, Date, Year) _____

End Date - Camp #3 (Month, Date, Year) _____

Respite or 1:1 Support:

Are you planning to use ADF for Respite or for 1:1 Support Worker? (Please note that funding can only be used for respite starting April 1, 2025 until March 31, 2026)

- Yes
- No (If no, skip to section on Recreation or Skill Development)

Name of Support Worker #1 _____

Hours per month to be worked _____

Rate of pay _____

Will you be using your Extend-A-Family Waterloo Region SSAH/Direct Support Person (DSP) to provide this respite?

- Yes
- No

Name of Support Worker #2 _____

Hours per month to be worked _____

Rate of pay _____

Will you be using your Extend-A-Family Waterloo Region SSAH/Direct Support Person (DSP) to provide this respite?

- Yes
- No

Name of Support Worker #3 _____

Hours per month to be worked _____

Rate of pay _____

Will you be using your Extend-A-Family Waterloo Region SSAH/Direct Support Person (DSP) to provide this respite?

- Yes
 - No
-

Recreation or Skill Development:

Are you planning to use ADF for a recreation or skill development program? (Please note that funding can only be used for respite starting April 1, 2025 until March 31, 2026)

- Yes
- No (If no, skip to total funding requested)

Name of recreation/skill development program #1 _____

Cost of program #1 _____

Program #1 Start Date (Month, Date, Year) _____

Program #1 End Date (Month, Date, Year) _____

Name of recreation/skill development program #2 _____

Cost of program #2 _____

Program #2 Start Date (Month, Date, Year) _____

Program #2 End Date (Month, Date, Year) _____

Name of recreation/skill development program #3 _____

Cost of program #3 _____

Program #3 Start Date (Month, Date, Year) _____

Program #3 End Date (Month, Date, Year) _____

Enter the total funding requested (max \$500). _____

If approved, a cheque will be made payable to the parent/guardian identified above. Cheques will be mailed out in April 2025. If your mailing address changes, please update it by calling the Autism Direct Funding Committee at 519-741-1121, ex. 2288.