
Autism Direct Funding Application 2024 - 2025

IMPORTANT:

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

Autism Direct Funding provides up to a maximum of \$500 that can be used in three possible ways.

1. To cover the cost of summer camp programs (all camp programs are eligible i.e. fully inclusive and Special Needs based programs)
2. To pay for Respite support (e.g., to give parents a break) or 1-1 support (e.g., Support worker at a camp program)
3. To pay for Recreation/Leisure/Skill Developmental Programs

Please note:

This funding can not 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.

Applicant'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, 2024 until March 31, 2025)

- 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, 2024 until March 31, 2025)

- 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, 2024 until March 31, 2025)

- 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, cheque will be made payable to parent/guardian identified above. Cheques will be mailed out in April 2024. If your mailing address changes, please update it by calling the Autism Direct Funding Committee at 519-741-1121, ex. 2288.