

## **ASD Respite Funding Online Application Guide 2019-2020**

If you are NOT registered with Service Coordination, we will require that you submit a psychological assessment with confirmation of a diagnosis of Autism Spectrum Disorder with your application.

### **How to fill out the application :**

- Please check off the boxes that reflect your child's support needs or the challenges you experience.
- Frequency refers to how often your child needs support and how often they experience this challenge
- \**monthly*, happens at least once a month but not weekly
- *weekly*, happens at least weekly but not daily
- \**daily*, happens once or more a day but not hourly
- \**hourly*, happens several times a day or more frequently

### **For help with filling out the Question regarding "main daily activity":**

Please check off your child's **main** daily activity.

- If your child regularly attends school each day please enter a check mark in the 'Full Day' column.
- If your child is of pre-school age home by choice, please enter a check mark in the 'Full Day' column.
- If your child is of pre-school age and is home because you are unable to locate a preschool/nursery or daycare because of child's needs (e.g. behavioural, medical issues) please enter a check mark in the 'No day supports' column.
- If your child is home schooled by choice enter a check mark in the full day column.
- If home schooling is a result of not being able to attend school (suspension, break down of services, school refusal, etc.) please enter a tick mark in the 'No day supports' column.

### **For help with filling out the Question regarding "caregiver information":**

All questions are related to the child's primary caregiver(s). Select all items that relate to your situation.

*For example, a single caregiver with no support from the other parent can check off:*

1. *Single caregiver/parent **and***
2. *Primary caregiver has no support from other caregiver(s)*

*Please note that Informal supports can include neighbors, friends and family members who do not live in the home (aunts, uncles, cousins, grand-parents, etc.)*

### **Please make sure you answer every question.**

If it does not apply to you, please check off the "not applicable" box. Please save and submit your online application.

*We encourage you to please continue providing us with your feedback as we try to improve our ASD Funding application process each year. A 'Frequently asked questions/FAQ' is available on our website. For any questions please call us at 613-748-1788.*