



The personal information collected on this form is for the purpose of assessing eligibility for the BC Children and Youth Disability Benefit. We are collecting your personal information under section 26(c) of the Freedom of Information and Protection of Privacy Act.

Instructions

- This form is not an application form for the BC Children and Youth Disability Benefit. It should only be completed by families who are currently eligible for Autism Funding in BC, and who have been asked to complete the form by the Ministry of Children and Family Development to assess eligibility for the BC Children and Youth Disability Benefit.

Child/Youth's Information

The following information should be completed by a parent or legal guardian.

Legal Last Name, Legal First Name, Legal Middle Name(s), Date of Birth (YYYY/MM/DD)

Gender

- Man/Boy, Non-Binary person, Woman/Girl, Prefer not to answer/Unknown

Parent/Legal Guardian's Contact Information

This should be the details of the Autism Agreement Signatory. An Agreement Signatory is one of the child/youth's legal guardians who is authorized to exercise the parental responsibilities, and who has day-to-day care, control and supervision of the child at least 50% of the time.

Legal Last Name, Legal First Name, Relationship to Child/Youth, Date of Birth (YYYY/MM/DD)

Email

Primary Phone Number

Gender

- Man/Boy, Non-Binary person, Woman/Girl, Prefer not to answer/Unknown

Assessments and Diagnostic Reports

Assessments/Reports Included (Check all that apply):

- 1 - Autism Diagnostic Assessment Report / Assessment, 2 - Functional or Adaptive Functional Report or Assessment, 3 - Neuropsychological Report or Assessment, 4 - Speech and Language Pathology Report or Assessment, 5 - Functional Behaviour Report or Assessment, 6 - Mental Health Report or Assessment, 7 - Pediatrician Report or Assessment, 8 - Psychoeducational Report or Assessment, 9 - Psychological Report or Assessment, 10 - Other Medical Report or Assessment Completed by a Clinician

Assessment/Report Details (List up to 4 below. If including more, please continue on the back of this page):

"Completed By" Letter Codes:

For #1:

- [A] BCAAAN (British Columbia Autism Assessment Network), [B] Private (Non-BCAAN) Professional, [C] Out-of-Province

For #2-10:

- [D] Audiologist, [E] Licensed School Psychologist, [F] Medical Doctor, [G] Nurse Practitioner, [H] Occupational Therapist, [I] Optometrist, [J] Physiotherapist, [K] Psychiatrist, [L] Registered Psychologist, [M] Speech and Language Pathologist, [N] Other:

Assessment/Report Type (#1-10): Completed By (Letter A-N): Date of Assessment (YYYY/MM/DD):

Agreement Signatory

I am the Autism Agreement Signatory with primary care and responsibility for this child, or the child's legal guardian.

Signature: Date Signed (YYYY/MM/DD):