



The personal information on this form is collected for the purpose of providing funds through Autism Funding: Under Age 6 Program and Autism Funding: Ages 6-18 Program in accordance with the Supply Act under the authority of Section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). Questions about the collection, use or disclosure of this information should be directed to the Autism Funding Community Liaison/Quality Assurance Officer, toll free at 1-877- 777-3530, PO Box 9776 Stn Prov Govt, Victoria BC V8W 9S5.

This form is used to request equipment and supplies required for a child's autism intervention, which must not exceed 20% of the annual funding.

Section 1 – Child Information

Form with fields: Last Name, First Name, Middle Initial(s), Birth Date (yyyy-mmm-dd), Address, City/Town, Postal Code, Phone Number

Section 2 – Recommended Item(s)

Text area for listing recommended equipment and supplies with a list of domains: Academics, Communication, Emotional functioning/self-regulation, Other (please specify), Independence/ life skills, Gross and Fine motor/sensory functioning, Social Skills

Please describe the measurable and observable goal as it relates to the child's intervention.

Table with 4 columns: A. Item, B. Approximate Cost, C. Domain, D. Goal. Multiple empty rows for data entry.



A. Item	B. Approximate Cost	C. Domain	D. Goal
A. Item	B. Approximate Cost	C. Domain	D. Goal
A. Item	B. Approximate Cost	C. Domain	D. Goal
A. Item	B. Approximate Cost	C. Domain	D. Goal
A. Item	B. Approximate Cost	C. Domain	D. Goal
A. Item	B. Approximate Cost	C. Domain	D. Goal
A. Item	B. Approximate Cost	C. Domain	D. Goal
A. Item	B. Approximate Cost	C. Domain	D. Goal

Section 3 – Professional Responsibility

(Must be completed by a Behaviour Consultant, Occupational Therapist, Paediatrician, Psychiatrist, Registered Psychological Associate, Physiotherapist, Neurologist, Registered Psychologist or Speech-Language Pathologist).

I accept responsibility for the monitoring and evaluating of the child's intervention to best ensure the above listed outcomes are achieved through utilization of the requested equipment and supplies.

Name of Professional (please print)		Employer/Company Name	
Signature of Professional		Date Signed (yyyy-mmm-dd)	
Profession		Phone Number	

Submit completed form to: Autism Funding
 PO Box 9776 Stn Prov Govt
 Victoria BC V8W 9S5
 Email: MCF.AutismFundingUnit@gov.bc.ca

Telephone: 1 877-777-3530
 or 250-387-3530
 Facsimile: 250-356-8578