



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).

Please read the "Instructions on Completing the CF0926 Reimbursement for Autism Expenses" on page 2 carefully before completing this form. Under the Autism Invoice Payment Option, a parent or guardian uses this form to request reimbursement for eligible expenses. Services are not eligible for reimbursement.

Section 1 - Parent/Guardian Information

Form with fields: Last Name, First Name, Middle Initial(s), Phone Number, Address, City/Town, Postal Code

Section 2 - Child Information

Form with fields: Last Name, First Name, Middle Name(s), Date of Birth (yyyy-mmm-dd), Is this a child in the care of the ministry? (Yes/No)

Table with 4 columns: Date of Purchase (yyyy-mmm-dd), Detailed Description of Expense, Receipts Attached? (Yes/No), Amount. Includes a Total Claim row at the bottom.

I agree that these are expenses related to the child's autism intervention.

Form with fields: Signature of Parent/Guardian, Date Signed (yyyy-mmm-dd)

Mail, fax or email complete form with receipts to:

Autism Funding PO Box 9776 Stn Prov Govt Victoria BC V8W 9S5

Telephone: 1 877-777-3530 Facsimile: 250-356-8578 Email: MCF.AutismFundingUnit@gov.bc.ca

To be completed by Autism Funding To be completed by ministry only

Form with fields: OCG Supplier Number, Order Number, Invoice Number, Total

INSTRUCTIONS ON COMPLETING THE CF0926 REIMBURSEMENT FOR AUTISM EXPENSES

Autism funding must be used for eligible autism intervention expenses, as outlined in [A Parent's Handbook: Your Guide to Autism Programs](#).

Reimbursement forms must be submitted to Autism Funding for payment within six months of the date of travel/training and/or date of equipment/supplies purchase. Reimbursement forms received after the 6 months will not be accepted.

Up to 20% of autism funding may be spent on eligible travel, training, equipment and supplies related to intervention annually. Autism Funding may be contacted at any time to check the invoice payment account balance to ensure the 20% annual limit is not exceeded.

This form can be used for:

Travel

Costs to access autism intervention services or training within BC (round trip greater than 80 km).

Reimbursement rates:

- Mileage at \$0.40 per km for a private vehicle
- Hotel (maximum \$150 per night)
- Parking (maximum \$15 per day)
- Toll charges
- Ferry, airline, bus and train fare

Please include the following for all travel submissions:

Name of traveller, reason for travel, type of expense (e.g. hotel, mileage), travel from/to location, dates of travel and cost.

Training

- Reimbursement for registration costs for parents or behaviour interventionists to attend autism-specific training. Provide the name and date(s) of the training event attended.
- Educational books, DVDs and videos for parents (specific to autism)

Please include the following for all training submissions:

Name of person who will receive training, name/type of training, dates of training and cost

Equipment and Supplies

- A Justification for Equipment/Supplies form, must be completed by a professional/specialist who will be overseeing the use of the requested item (behaviour consultant, physiotherapist, speech-language pathologist, occupational therapist, registered psychologist, registered psychological associate, paediatrician, psychiatrist, or neurologist).
- It is recommended parents wait to purchase any equipment until they have received an approval letter from Autism Funding.

Please include the following for all Equipment and Supplies submissions:

Item(s) purchased, cost

Employer Related Expenses

- The form is also used to reimburse parents for employer-related costs such as WorkSafeBC, Employment Insurance and Canadian Pension Plan.

Please include the following for all Employer Related Expense submissions:

Name(s) of employee(s), cost

Receipts:

Proof of purchase is required and must be attached to this request. Attach a copy of receipts. The original receipt(s) must be retained in your records for six years. For purchases made online, an order summary that includes proof of payment method (i.e., credit card, PayPal) is required. If the method of payment is not present a bank and/or credit statement that matches the invoice is required.

Contact Autism Funding for assistance with completing this form
Phone: within Victoria: 250-387-3530 or toll-free: 1-877-777-3530

Email: MCF.AutismFundingUnit@gov.bc.ca