

January 14, 2025

Enclosed you will find an application for funding for children and youth with Autism Spectrum Disorder along with a description of the application process, a consent form, and information regarding where you can submit completed forms.

Please complete one application and sign a consent form for each child who may be eligible for funding.

If you have already submitted an application for 2025-2026, it is not necessary to complete another one.

Sincerely,
ASD Respite Committee.

Encl.

Autism Spectrum Disorder Respite Funding

The purpose of this funding is to provide meaningful respite opportunities for families and caregivers who have received a diagnosis of Autism Spectrum Disorder, Asperger's Syndrome, Rhetts Syndrome, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS), Autism Spectrum Disorder Levels 1-3.

For the purposes of this funding, a child is defined as 17 years old or younger.

ASD Respite Funding for the 2025-2026 fiscal year will provide Individualized Direct Respite Funding to families of children who have **ASD and present with urgent respite care needs** and/or children with ASD who are not eligible for other sources of respite funding to pay for in-home or out-of-home respite.

Funds are very limited and there will be \$2,200.00 cap per child. Proof of Delivery and/or receipts must be obtained by families for respite services provided and are to be submitted to:

North Hastings: North Hastings Community Integration Association

Central/South/East Hastings and Quinte West: Community Services of Belleville and District

Prince Edward County: Community Living Prince Edward

All applications **must be received by February 21, 2025**, in order to qualify for this year's allocation.

Priority will be given to:

Families who have a child/youth between 12-17 years of age

Families who do not receive any other funding

Families who are on a waitlist for funding

Families who have limited or no other funding

The Process

- ✓ Applications will be accepted once per year
- ✓ Approvals will be made once per year
- ✓ Applications will be available at CSBD, North Hastings Community Integration and Community Living Prince Edward. The application form may be downloaded from CSBD's website at www.csbd.on.ca
- ✓ A wait list will not be created

Fax or mail your application to:

North Hastings: North Hastings Community Integration Association
P.O. Box 1508 BANCROFT ON K0L 1C0
Phone: 613-332-2090 Fax: 613-332-4762

Central, South, & East Hastings, and Quinte West:
Community Services of Belleville and District
12 Moira Street East, BELLEVILLE ON K8P 2R9
Phone: 613-966-7413 Fax: 613-966-2357

Prince Edward County:
Community Living Prince Edward
67 King Street, Unit #1, PICTON ON K0K 2T0
Phone: 613-476-6038 Fax: 613-476-2868

- ✓ Your application form is submitted to an approval committee of community agencies.
- ✓ If your application has been approved you will receive a letter with further instructions.
- ✓ If your application is declined you will receive a letter notifying you of the decision.

**Respite Funding Application for
Children and Youth with Autism Spectrum Disorder (ASD)**
PLEASE note the NEW Application deadlines and Requirements.

Date: _____

Child/Youth's Name: _____ DOB (Month/Day/Year): _____ Age: _____

Parents/Guardian's Name: _____

Email: _____ Phone Number: _____

Address: _____

Agency assisting with this application (if applicable): _____

Contact (name and telephone): _____

Email Address: _____

Formal Diagnosis Required. Please attached proof of diagnosis. Applications without proof of diagnosis will not be accepted.

Please describe your urgent need:

If ASD Respite funding is approved, how do you intend to use it to assist with your urgent need?

- Out of your home In your home Seasonal camp Other (Please explain below)

Please estimate the costs: _____

Do you receive any other funding?

Funding	Annual Amount	Applied Yes/No	Waitlist Yes/No
Special Services at Home (SSAH)	\$		
Enhanced Respite	\$		
Other:	\$		

Signature of Parent/Guardian: _____

Please submit application forms to:

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P.O. Box 1508 BANCROFT ON K0L 1C0
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For office use only:

Funding Approved Amount Approved from April 1 2025 to March 31, 2026: \$ _____

Funding Not Approved Why? _____

Parent/guardian informed: Phone call: Date: _____ of Letter Sent Date: _____

