

## **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, Rhett's 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 2026-2027 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:**

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

**Prince Edward County:** Community Living Prince Edward

**North Hastings:** North Hastings Community Integration Association

All applications **must be received by February 23, 2026**, 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 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](http://www.csbd.on.ca)
- ✓ A wait list will not be created

Fax or mail your application to:

**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

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

- ✓ 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 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 attach proof of diagnosis. Applications without proof of diagnosis will not be accepted.

Please describe your urgent need:

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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)

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**Please estimate cost/budget:** \$ \_\_\_\_\_ per hour x \_\_\_\_\_ hours x \_\_\_\_\_ days/weeks.

**Total Request:** \$ \_\_\_\_\_.

**Do you receive any other funding?**

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

Signature of Parent/Guardian: \_\_\_\_\_

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**For office use only:**

*Funding Approved*  *Amount Approved from April 1 2026 to March 31, 2027: \$* \_\_\_\_\_

*Funding Not Approved*  *Why?* \_\_\_\_\_

*Parent/guardian informed:* \_\_\_\_\_ *Phone call: Date:* \_\_\_\_\_ *of Letter Sent Date:* \_\_\_\_\_

## AUTHORIZATION TO RELEASE/ OBTAIN INFORMATION

I hereby authorize to release information to the Hasting Prince Edward Children's Respite Committee comprised of representatives from the following agencies:

- Community Services of Belleville & District
- Community Living Belleville & Area
- North Hastings Community Integration Association
- Quinte Children's Treatment Centre
- Community Living Prince Edward

regarding:

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(Name of Individual)

(D.O.B)

I understand the purpose of this Authorization to Release/Obtain Information to be:

**To enable the HPE Respite Services Committee to process your application for Autism Spectrum Disorder (ASD) Respite funding.**

This authorization shall be valid for the duration of involvement by the Hasting Prince Edward Children's Respite Committee from the date of signing and does not permit further disclosure without my specific written consent.

Witness	Date	Individual (over 16 years of Age)	Date
Witness	Date	Parent or Guardian	Date