

Autism Spectrum Disorder Individualized Funding (ASD-IF) Expense Request for Review Form

Instructions:

If you disagree with a decision regarding the eligibility of an expense submitted, you may request the decision be reviewed by completing this form and submitting it to autismif@gov.sk.ca within thirty (30) days from the date of the expense rejected letter (the written decision). You may include supporting documentation (e.g., receipt, recommendation letter) as part of your submission. This form should be completed by the parent/ guardian who completed the application.

Requests for review are considered by the Ministry of Social Services.

Child Information

Child First Name	Child Last Name	Date of Birth (MM/DD/YYYY)	Health Services Number
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Parent/Guardian Information

Parent/Guardian First Name	Parent/Guardian Last Name	Email Address	Telephone
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Request for Review Information

Date of Expense Rejected Letter (the written decision) (MM/DD/YYYY)	Expense Batch Number (found on Expense Rejected Letter)	Expense Type
Date Expense Incurred (MM/DD/YYYY)	Expense Amount	Proof of Expense Included (i.e. Receipt, Invoice) Yes No

In the space below, provide a brief description of the issue(s) regarding the decision that was made. Include information and supporting rationale for why you think this expense should be considered eligible.

Printed Name

Signature

Date (MM/DD/YYYY)