

Autism Spectrum Disorder Individualized Funding (ASD-IF) Expense Submission Form

Instructions:

This form may be used when a parent or guardian is unable to submit an ASD-IF expense online at saskatchewan.ca/autism. **Online expense submissions are preferred.**

Fill in the below expense-related information for each individual expense. Expenses must be listed separately. Please print and complete as many forms as necessary.

Once complete, submit this form, along with a copy of the proof of expense information (i.e., receipt, invoice) to autismif@gov.sk.ca.

For questions about this form, please contact **1 833 304 1774**.

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	ASD-IF Number
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*This is the information of the ASD-IF funding applicant.

If you are not sure which parent is the funding applicant, please contact autismif@gov.sk.ca.

Expense #1

Eligible Service

Date Expense Incurred (MM/DD/YYYY)	\$ Expense Amount	Proof of Expense Enclosed (Receipt, Invoice)
		Yes No

Additional Information (optional)

I certify:

This expense is true/accurate and was provided and/or recommended by a service provider in accordance with the Eligible Services List.

Expense #2

Eligible Service

Date Expense Incurred (MM/DD/YYYY)	Expense Amount	Proof of Expense Enclosed (Receipt, Invoice)	
		Yes	No
	\$		
Additional Information (optional)			

I certify:

This expense is true/accurate and was provided and/or recommended by a service provider in accordance with the Eligible Services List.

Expense #3

Eligible Service

Date Expense Incurred (MM/DD/YYYY)	Expense Amount	Proof of Expense Enclosed (Receipt, Invoice)	
		Yes	No
	\$		
Additional Information (optional)			

I certify:

This expense is true/accurate and was provided and/or recommended by a service provider in accordance with the Eligible Services List.

Expense #4

Eligible Service

	\$		Proof of Expense Enclosed (Receipt, Invoice)	
Date Expense Incurred (MM/DD/YYYY)		Expense Amount	Yes	No

Additional Information (optional)

I certify:

This expense is true/accurate and was provided and/or recommended by a service provider in accordance with the Eligible Services List.

Expense #5

Eligible Service

	\$		Proof of Expense Enclosed (Receipt, Invoice)	
Date Expense Incurred (MM/DD/YYYY)		Expense Amount	Yes	No

Additional Information (optional)

I certify:

This expense is true/accurate and was provided and/or recommended by a service provider in accordance with the Eligible Services List.

Printed Name	Date (MM/DD/YYYY)