

Autism Spectrum Disorder Individualized Funding (ASD IF) Change of Circumstance Form

Parent/Guardian Name _____ SIN: _____
(first, middle, last)

Please list children on the Autism Spectrum Individualized Funding:

Child(ren)'s Name(s):	ASD-IF Application No.:	Health Card No.:	Date of Birth:

Change of Address -- Please attach supporting documentation.

Old Address:		New Address:	
Street:		Street:	
City/Town:		City/Town:	
Telephone:	Postal Code:	Telephone:	Postal Code:

<input type="checkbox"/> Change in parent/guardian name <i>(Please attach supporting documentation.)</i>	New name: Previous name:
<input type="checkbox"/> Change in child's name <i>(Please attach supporting documentation.)</i>	New name: Previous name:
<input type="checkbox"/> Change in legal guardian (funding applicant*) <i>(Please attach supporting documentation.)</i>	New legal guardian (funding applicant) name:
Parent/Guardian <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian Relationship to Child <input type="checkbox"/> Person of Sufficient Interest <input type="checkbox"/> Other:	
<input type="checkbox"/> Change in direct deposit payment information <i>(Please fill out and attach the Direct Deposit Payment Request Form which can be found on Saskatchewan.ca/autism.)</i>	
<input type="checkbox"/> Change in contact information	Phone number: E-mail:

*For more information, please see page 3.

The consent provided in my application remains unchanged. I consent to:

- The release of the Application package and Information to the Ministries of Health and Education; who may provide information back to the Ministry of Social Services. I understand that when information is shared, it will be limited to what is needed or as allowed by law.
- My application is being submitted to the Ministry of Social Services where they will open a file and be responsible for keeping my information secure and confidential.
- My application and the Information I provide within will be used by the Ministry of Social Services for the purposes of establishing eligibility to receive Autism Spectrum Disorder Individualized Funding.
- My information may also be used for evaluation and analysis. The Information used will be limited to what is needed ensuring my Information is kept confidential and secure at all times. Data included in reports will be de-identified (it will not include our names or other identifying information). It may include gender or sex and ages. This analysis may be shared with participating ministries.
- I can withdraw my consent at any time by writing or talking to the Autism Spectrum Disorder Individualized Funding Supervisor. If withdrawing consent, it will mean my application cannot continue and I cannot receive funding from Autism Spectrum Disorder Individualized Funding. Any information collected prior to withdrawal will continue to be used for analysis purposes.
- I have a right to request a copy of my file free of charge through the access request process. I will receive a copy of the file with all information I am legally entitled to receive.
- I understand that the information provided in this application package will be retained and disposed of in accordance with *The Archives and Public Records Management Act*.

Once you have completed your application, send to either of the following addresses listed below:

E-mail: autismif@gov.sk.ca

Mail: Autism Spectrum Disorder Individualized Funding
Suite 90 - 1235 Main St. North
Moose Jaw, SK S6H 6M4

(Parent/Guardian) Funding Applicant Signature

Date (YYYY-MM-DD)

Legal Guardians, Persons of Sufficient Interest and specified Other Caregivers may apply for ASD IF on behalf of the child:

- **Parent means:** the biological or adoptive mother or father of a child
- **Legal Guardian means:** a person to whom custody of a child has been granted by a court of competent jurisdiction or by a deed or agreement of custody
- **Persons with Sufficient Interest means:** Person having a sufficient interest; holds legal custody and is designated by the court to be a person having a sufficient interest in a child pursuant to section 23 of the Child and Family Services Act
- **Other means:**
 - A person with whom the child resides who is the primary caregiver and is not a legal or natural guardian but who is raising the child (i.e. grandparent, aunt)
 - Documentation for verification of Other caregiver will be requested from the ASD IF administration office after the application has been reviewed.