

## AUTISM MANITOBA'S FUNDING - APPLICATION

### APPLICANTS INFORMATION

Full Name  Date of Birth

Address

City/Town  Postal Code

Province  Have you been funded by us before?  Yes  No

Dignosis

### PARENT/GUARDIAN INFORMATION

Full Name  Relationship

Occupation  Gross Income

Marital Status  Single  Married  Divorced/Separated  Common law  Other \_\_\_\_\_

Living  Own  Rent  Other \_\_\_\_\_

Spouse/Common Law  Relationship

Occupation  Gross Income

### HOUSEHOLD MEMBERS

Full Name  Age

Relationship  Gross Income

Full Name  Age

Relationship  Gross Income

Full Name  Age

Relationship  Gross Income

## MONTHLY BUDGET SHEET

Expenses		House Income	
Mortgage, Rent, Utilities	\$	Your Income	\$
Food	\$	Spouse/Guardian Income	\$
Personal Hygiene	\$	Income of other members of house	\$
Insurance	\$	Child Support	\$
Vehicle	\$	E.I Benefits	\$
Childcare Cost	\$	W.C.B	\$
Medical not covered by insurance	\$	Tax Benefits	\$
Insurance	\$	Other	\$
<b>Total Expenses</b>	<b>\$</b>	<b>Total Expenses</b>	<b>\$</b>

### PLEASE LIST ALL SERVICES YOU ARE REQUESTING FUNDING FOR:

Service #1

Vendor  Estimate \$

Service #2

Vendor  Estimate \$

### FUNDING YOU HAVE ACCESSED

Employer Extended Health Care Benefits  Yes  No Amount of Funding

Other  Yes  No Amount of Funding

## CALCULATION OF FUNDING REQUEST

<b>1. Estimated cost of service</b>		\$
<b>2. Other Funding</b>		\$
<b>3. Total Remaining</b>	<small>Estimated cost of service - Other funding = Total Remaining</small>	\$

## PLEASE SUMMIT THE FOLLOWING WITH YOUR APPLICATION:

- A letter telling us about the applicant, the situation, and how our funds/service would help (Add a photo of applicant!).
- Proof of age of applicant and address.
- Copy of doctor's diagnosis of the applicant's disability or a qualified person to make a diagnosis.
- A letter from a third party (therapist, psychologist, social agency, etc.) supporting the funding request and what home life for applicant is like.
- Vendor estimate including service fee for 1 month of service.

## GUIDELINIES

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### RELEASE OF INFORMATION

I agree that Autism Manitoba may:

1. Contact vendors once funding for service has been approved, to carry out funding payments
2. Provide or release applications information to confirm or clarify information that has been submitted.
3. Contact me for the following purposes: of contacting you in regards of changing information, feedback on the funding/service, offering a new opportunity.
4. Disclose any or all of the information in this application to parties for the above situations.
5. Follow though with inquire and provide information in order to confirm or clarify information submitted.

### RELEASE AND INDEMNITY

I, \_\_\_\_\_, am the legal guardian or parent of \_\_\_\_\_ (the "applicant").

I acknowledge that participation in any of the programs/services offered or funded by Autism Manitoba involves certain elements of risk and accidents or injuries may occur while the Participant is participating in the Programs. I agree that I will bear the risk of any injury or accident.

In consideration of the Participant participating in the Programs, I hereby release, on my own behalf and on behalf of the Participant, Autism Manitoba, its board members, employees, members, volunteers, agents, representatives, consultants, licensees, instructors, program operators, any person, firm or corporation involved in instructing or assisting with the Programs and their heirs, executors, administrators and assigns (collectively referred to as Releasees), from any and all claims, damages, injuries and/or liabilities of any nature or kind arising out of the Participant's participation in the Programs/services.

In addition, I agree to indemnify and hold harmless Autism Manitoba and/or any of the Releasees from and against any and all actions, proceedings, claims, demands, losses, damages and costs (including all legal fees, costs and expenses) which may be brought or suffered by them or which they may sustain, pay or incur, by reason of any matter or thing arising out of the Participant's participation in the Programs.

I acknowledge that I have read and understand this Release and Indemnity and that it is binding me, the Participant and our heirs, executors, administrators and assigns.

I \_\_\_\_\_ hereby agree to the above and acknowledge that i have read Autism Manitoba's guidelines. I certify that the information provided in this application is true, correct and complete to the best of my ability.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please email completed application to [info@autismmanitoba.ca](mailto:info@autismmanitoba.ca) or mail to I-3525 Roblin Blvd, Winnipeg, MB, R3R 0C6\*