



...bringing the pieces together

Tel: 289-997-1612
 Toll free: 1-844-506-3974
 Email: info@ausumcharity.org
 Website: www.ausumcharity.org
 Charitable Registration No. 765947726 RR0001

APPLICATION FOR IBI FUNDING	
APPLICANT INFORMATION (please print)	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms.	
First Name:	
Last Name:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Single <input type="checkbox"/> Widow	
Email:	Phone:
Address:	
City:	Province:
Postal Code:	Country:
Applicant's Gross Annual Income (Line 15000 of CRA Notice of Assessment) \$CAD:	
Spouse/Common Law Gross Annual Income (Line 15000 of CRA Notice of Assessment) \$CAD:	
Applicant's Relationship to Beneficiary:	
BENEFICIARY INFORMATION (age 17 years or under)	
First Name:	
Last Name:	
Age (years):	
Specific Diagnosis:	
Date of Diagnosis (YYYY/MM/DD):	
First & Last Name of Family Doctor:	
APPLICANT SIGNATURE	
I certify that the information given on this application is correct, complete, and current.	
Applicant Signature:	_____
First & Last Name (please print):	_____
Date (YYYY/MM/DD):	_____



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Terms & Conditions for IBI Funding

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1. To qualify, the applicant must have a gross annual household income of less than **CAD \$50,000 per year** as shown on Line 15000 of their latest Canada Revenue Agency (CRA) Notice of Assessment (NOA). A copy of the NOA must be provided from both the applicant and their spouse/common law.
2. The beneficiary must be age 17 years or less as at the application approval date. A copy of the beneficiary's birth certificate must be provided.
3. The beneficiary has been diagnosed, by a qualified medical professional, with some type of Autism. The beneficiary must be on the Autism spectrum to qualify. A copy of a doctor's note confirming that the beneficiary is Autistic must be provided. The doctor's name, office address, and contact information must be clearly shown.
4. The applicant must provide a brief letter telling us about the beneficiary, the family situation, what the need is and how our funds will help.
5. The beneficiary is currently enrolled, or will be enrolled in an Intense Behavioral Intervention (IBI) Therapy program within 6 months of our funding approval date.
6. Funding approval is valid for 6 months from date of approval. IBI costs generated prior to our approval date do not qualify for our funding. We do not issue "back" payments.
7. The applicant is responsible for the selection of the IBI Therapy program.
8. Ausum Charity for Autism does not recommend any specific IBI Therapists or IBI programs.
9. Once funding approval is granted, no payment will be made without a signed timesheet/invoice from the IBI Therapist. We would require the IBI center to invoice us directly within 6 months of the funding approval date. The invoice must include timesheet of therapy sessions given to the beneficiary, and must be signed by both the parent / guardian of the beneficiary and the therapist. The name, address, and contact information of the IBI Therapist / IBI center must be clearly contained within the invoice. Hourly IBI billing rates must not exceed Ontario Autism Program prescribed rates.
10. If an IBI invoice is incomplete or does not meet our approval, then we will not grant funding. In this situation, the applicant is responsible for the full payment amount to the IBI vendor.
11. If no IBI invoice is received within 6 months of our approval date, then approved funding will expire.
12. All payments are made directly to the IBI Therapist, not to the applicant. Upon approval, a maximum of up to CAD \$1000 per beneficiary will be provided.
13. Only complete applications, with supporting documentation, will be considered for approval. Incomplete applications will be returned for completion, resulting in delays in processing.
14. Our funding support program is conditional upon available funding. If we do not have sufficient funding then we will employ a queue / waiting list mechanism for applicants.
15. Applicants agree that the decisions made by Ausum Charity for Autism are final and that Ausum Charity for Autism accepts no liability in such regard.
16. Ausum Charity for Autism's funding policies may be changed at any time without notice.
17. Ausum Charity for Autism will approve applications within 30 days of receiving them.
18. Ausum Charity for Autism will release funds within 30 days of receiving completed IBI invoicing.
19. Ausum Charity for Autism may contact any pertinent party for purposes of validating the application.
20. Ausum Charity for Autism does not charge any fees of any type to any applicant who would want to apply for IBI funding support. No application fees, no administration fees, and no disbursement fees.

APPLICANT DECLARATION

I have read, understood, and agree to the **Terms & Conditions for IBI Funding** above, and I hereby release and indemnify, on behalf of myself and the beneficiary referenced in this application, Ausum Charity for Autism and its members against any liability, loss, damage, claim, or suits of any nature, brought or prosecuted in any manner whatsoever relating to this application or any funding resulting from here, including without limitation, any negligent act of the vendor in its fulfillment in their role utilizing the funds provided.

Applicant name (print)

Applicant Signature

Date (YYYY/MM/DD)

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Checklist for Applicant

1. Complete, sign, and enclose the **Application for IBI Funding** containing the applicant and beneficiary information.
2. Enclose the latest copies of the Canada Revenue Agency (CRA) Notice of Assessment for both the applicant and their spouse/common law, confirming that gross annual household income is less than CAD \$50,000 per year as shown on Line 15000 of the CRA Notice of Assessment(s).
3. Enclose a copy of the beneficiary's birth certificate.
4. Enclose a copy of a doctor's note confirming that the beneficiary has Autism. The doctor's name, office address, and contact information must be clearly shown.
5. The applicant must enclose a brief letter telling us about the beneficiary, the family situation, what the need is and how our funds will help.
6. Read, sign, and enclose the **Applicant Declaration** for the Terms & Conditions for IBI Funding.
7. Mail all above documentation (faxes & email documentation not accepted) to:

**Ausum Charity for Autism
76 Bremen Lane
Mississauga, Ontario
L5M2N5
Canada**