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):	**Health Card Number:**	**Date of Birth:**

☐ **Change of Address:**

_____
Effective Date (YYYY-MM-DD)

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

☐ **Change of Circumstance:**

_____
Effective Date (YYYY-MM-DD)

☐ Change in legal parent/guardian name **Please attach supporting documentation**	New name:
☐ Change in child's name **Please attach supporting documentation**	New name:
☐ Change in primary caregiver (funding applicant) **Please attach supporting documentation**	New caregiver (funding applicant) name:
☐ Change in direct deposit payment information **Please fill out and attach the Direct Deposit Payment Request Form**	
☐ Other: _____	

Government of Saskatchewan

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

- 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
Box 1300
Moose Jaw, SK S6H 4R2

Funding Applicant (Parent/Guardian) Signature _____ **Date (YYYY-MM-DD)** _____