



INSTRUCTIONS FOR USING AUTISM FUNDING FOR CAN PROGRAMS

Participants (ages 6+yrs) wishing to use their Autism Funding to pay their program fee must complete these steps:

1. **IDENTIFY THROUGH YOUR CANUCKS AUTISM NETWORK ONLINE ACCOUNT THAT YOU ARE PLANNING ON USING AUTISM FUNDING TO PAY YOUR PROGRAM FEE.**
2. **COMPLETE AND SUBMIT A REQUEST TO PAY FORM TO AUTISM FUNDING.**

1. IDENTIFY THROUGH YOUR CANUCKS AUTISM NETWORK ONLINE ACCOUNT THAT YOU ARE PLANNING ON USING AUTISM FUNDING

1. Log into your account at www.canucksautismprograms.ca,
2. Select the tab *My Account*,
3. Select the *View/Pay* button next to your program invoice,
4. Under the section *How would you like to pay*, select *Autism Funding*,
5. Read through the terms and agree by selecting the box next to *I understand and agree to...*,
6. Save your agreement by selecting the grey *Close* button at the bottom of the screen. (You will know this has successfully saved when the status of your invoice reads *AF Pending*.)

2. COMPLETE AND SUBMIT A REQUEST TO PAY FORM TO AUTISM FUNDING FOR PROGRAM FEE

Below is an example of the information to include when completing the *Services* section of the Request to Pay form.

PART A SERVICES

Complete this section to authorize payment to a service provider who is providing autism intervention for the child.

SERVICE PROVIDER NAME <i>Canucks Autism Network</i>		PAYMENT TO BE PROVIDED TO (Check one):	
AGENCY NAME (If Applicable)		<input checked="" type="checkbox"/> SERVICE PROVIDER	<input type="checkbox"/> AGENCY
ADDRESS <i>1788 W 8th Ave</i>	CITY/TOWN <i>Vancouver</i>	POSTAL CODE <i>V6J 1V6</i>	PHONE NUMBER <i>(604) 685-4049</i>
TYPE OF SERVICE(S) <i>Behaviour Interventionist to Support Participant</i>		START: YYYY/MM/DD <i>Enter program start date</i>	END: YYYY/MM/DD <i>Enter program end date</i>
FEE (include PST) \$ 	PER (HR./DAY) 	TOTAL AMOUNT \$ 	



Participants are reminded to also enter in the program start date, end date, fee per hr, and total amount owed. This information can be found through the program invoice available in your online account.

REMINDERS ABOUT USING AUTISM FUNDING

- Program fees are eligible for Autism Funding of individuals ages 6+yrs. Autism Funding for participants 3-5yrs must be through a Service Provider listed on the Registry of Autism Service Providers. CAN is not listed on this Registry. However, if participants 3-5yrs do receive approval for their fee to be paid through their funding, we will process their payment with Autism Funding. If your child is between 3-5yrs, please contact Autism Funding to check on eligibility prior to submitting a Request to Pay form for a CAN program.
- Participants are responsible for completing and submitting their own Request to Pay forms to Autism Funding.
- Canucks Autism Network must receive the authorization number by the final date of the program in order to process payment. If the authorization number is not received, participants will be responsible for the balance owing.
- If Autism Funding denies a Request to Pay form, the balance owing is the responsibility of the participant.
- DO NOT SUBMIT A COPY OF YOUR PROGRAM INVOICE WITH YOUR REQUEST TO PAY FORM – doing so will have your request denied. Canucks Autism Network will follow up with Autism Funding AFTER the program is completed to collect payment.
- If your funding year ends in the middle of your program session, you will need to complete two Request to Pay forms – one for each funding year. If you need assistance in calculating how much to request on each form, please email info@canucksautism.ca.
- If you are planning on using Autism Funding, do not first pay by credit card – you will not be eligible for reimbursement.

If you have any questions regarding your program fee, please contact Canucks Autism Network at info@canucksautism.ca.

If you have any questions regarding your Autism Funding, please contact the Autism Funding Branch at mcf.autismfundingunit@gov.bc.ca.