



## Instructions for completing the Childhood Budget Expense Form

The collection of personal information on this form by the Ministry of Children, Community and Social Services (the Ministry) is authorized under s. 38(2) or s. 39(1)(a) of the *Freedom of Information and Protection of Privacy Act* (Ontario). The personal information on this form is being collected for the purposes of administering funds provided through the Ontario Autism Program Childhood Budgets, and for the ongoing planning, monitoring and evaluation of the program. If you have questions about this collection of personal information by the Ministry, please contact an Ontario Autism Program Representative at [oap@ontario.ca](mailto:oap@ontario.ca) or 1-888-444-4530 or by mail at Ministry of Children, Community and Social Services, Box 193, Toronto, Ontario, M7A 1N3.

### Who Should Complete this Form?

This Ontario Autism Program Childhood Budget Expense Form must be completed by the person who has completed the Childhood Budget Form and entered into an Ontario Autism Program Funding Agreement with the Ministry to receive a Childhood Budget on behalf of a child or youth. This may be the child/youth's primary caregiver, or in the case of a 16 or 17-year-old youth who has chosen to withdraw from their parent/primary caregiver's care and control and is receiving Childhood Budget funding on their own behalf, the youth themselves. If you are not certain who should complete this form, please contact an Ontario Autism Program Representative at the email or phone number listed above.

Please read these instructions carefully.

The Ontario Autism Program requires families to spend their Childhood Budgets on eligible expenses and to reconcile spending against funds provided through their annual Childhood Budget. Reconciliation of spending is required for you to receive future Childhood Budget funding. Unreconcilable funds or funds spent on ineligible expenses will result in the adjustment of future Childhood Budget funding (if eligible).

Your Ontario Autism Program Childhood Budget Funding Agreement requires that you submit the Childhood Budget Expense Form at least **one month prior to your Funding Renewal Date**, which can be found in your Authorization to Spend Letter.

**Use this Childhood Budget Expense Form to provide a summary of your paid expenses. Do not submit invoices, receipts or other proofs of payment with this form.**

**You must keep all receipts, invoices and any supporting proof of payment of your expenses for seven years from the date shown on the invoice/receipt. You may be audited, and these documents may be requested.**

If you have spent the entire amount of your annual Childhood Budget and have proofs of payment for your expenses, you can submit this form at any time before your Funding Renewal Date. The Ministry may contact you, if required, for clarification or to request further documentation or proof of payment. The Ministry will also contact you in writing to let you know that you have reconciled your expenses, if that is the case.

**Childhood Budget funding for the following year will only be issued on or after your Funding Renewal Date.**

For more information on the services and supports eligible for purchase using Childhood Budget funding and the documentation you may be asked to show the Ministry as proof of how the funding was spent, please refer to the Eligible and Ineligible Expenses section of the Ministry's website: [ontario.ca/autism](http://ontario.ca/autism).

## **Completing the Childhood Budget Expense Form**

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**Please complete this form, ensuring you itemize and total the amount of your expenses (including any taxes you paid on services and supports).** Expenses should be itemized from your Funding Start Date, as outlined in your Authorization to Spend Letter from the Ministry, up to the date of submitting your Childhood Budget Expense Form. If you have incurred expenses between the date of submitting your Childhood Budget Expense Form and the annual Funding Renewal Date and still have unreconciled funds, you may submit a second expense form. The second form must be received within three months of your Funding Renewal Date.

If an invoice or receipt contains multiple services and/or supports, please complete **a row on the Childhood Budget Expense Form for each service or support listed in that same invoice or receipt.**

### **Further Instructions for Itemizing Your Expenses:**

**Invoice/Receipt #:** Complete using the number noted on your invoice or receipt.

**Invoice/Receipt Date:** Provide the date noted on your invoice or receipt for each service or support. This does not include the date on which you received your service or support.

**Name of Organization:** Use the full name of the agency/organization that provided you with services/supports or the company from whom you purchased services/supports.

**Individual Service Provider:** If you paid for services provided by a regulated health professional such as a psychologist, a speech language pathologist, an occupational therapist or a physiotherapist, or for services provided by a Board-Certified Behavior Analyst®, please ensure you include the professional's name, title and registration or certification number.

If you are reconciling expenses for evidence-based behavioural services, please check whether the clinical supervisor overseeing these services is listed on the Ontario Autism Program Provider List, which can be found at [oaproviderlist.ca](http://oaproviderlist.ca). If the clinical supervisor is not on the provider list, you will need them to complete and sign a Clinical Supervisor Attestation Form, and you must submit a copy of this with this form.

**Expense Category:** Please use the attached list of sub-categories when listing your expenses.

**Expense Description:** Provide a brief description of the item or type of services/supports you purchased and the date(s) on which they were provided or the date(s) in which you travelled by bus, train or air, if applicable. Include dates only if different than invoice/receipt date.

**Amount:** Include the total amount of each service and support purchased, including administrative employer costs (if applicable) and taxes. If you travelled by private vehicle, the amount is \$0.40 per kilometre if travelling less than 100 km (one-way), or \$0.41 per kilometre if travelling 100 km or more (one-way).

*For Expenses Related to Services and Supports:* For evidence-based behavioural services delivered over multiple sessions, indicate the number of sessions, the duration in hours of each session, and the start and end dates of the series of sessions.

- Administrative costs you have incurred with respect to the services as an employer, such as CPP contributions, EI or WSIB premiums, should be itemized, if included in the amount recorded in your expense form.

*For Expenses Related to Travel:* The description should indicate the person who travelled (family member or service provider), the reason for their travel, travel dates (if different from receipt/invoice date), the location (from and to) and the total number of kilometres travelled, if travelling by private vehicle. Parking expenses should be itemized separately from mileage. If you are itemizing travel expenses for your service provider, please include their name.

*For Expenses Related to Training:* The description should include the name and date(s) of the training event, the company or individual who delivered the training, who received the training (the child, caregiver or family member) and the purpose of the training.

## Submitting Your Form

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When you requested this form, you received a prepaid envelope that you can use to return your completed Childhood Budget Expense Form and supporting documentation to the Ministry.

To submit your form, you will also have the option of scanning or taking photographs of the form and supporting documentation and submitting them to the Ministry through a secure email portal.

To securely submit scans or photographs of a paper form and the supporting documentation, you will need to contact an Ontario Autism Program Representative to assist you with this process by emailing [oap@ontario.ca](mailto:oap@ontario.ca) or calling 1-888-444-4530.

## Proof of Expenses – Retain Records

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Please **keep all original invoices/receipts and other proofs of payment** (e.g. debit, credit card or PayPal statements proving you paid an eligible expense) for seven years.

**You may be audited and may be asked to provide proofs of payment.**

## More Information

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If you need further information on what you need to do to track and provide proof of how funding was spent, please contact an Ontario Autism Program Representative at [oap@ontario.ca](mailto:oap@ontario.ca) or 1-888-444-4530.

If you would like support to complete this form, please contact Autism Ontario by calling 1-800-472-7789. You can also visit [www.autismontario.com](http://www.autismontario.com) for more information on the additional supports they provide.

Need help or have questions? Email: [oap@ontario.ca](mailto:oap@ontario.ca) OR Call: 1-888-444-4530

Fields marked with an asterisk (\*) are mandatory.

Last Name *	First Name *	Middle Name

OAP Reference Number \*

**Section 2. Primary Caregiver Information**

Last Name *	First Name *	Middle Name
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If your email or mailing address has changed since your last contact with an Ontario Autism Program Representative, please provide your **updated** contact information here:

**Section 3. Expense Information**

Invoice / Receipt #	Invoice / Receipt Date (dd/mmm/yyyy)	Name of Organization	Individual Service Provider	Expense Category	Expense Description	Amount (with tax)



## Section 4. Supporting Documentation

If you have listed in Section 3, the purchase of evidence-based behavioural services overseen by a clinical supervisor who is **not** on the Ontario Autism Program Provider List, please attach a copy of their completed and signed OAP Clinical Supervisor Attestation Form.

- I have confirmed that the OAP clinical supervisor who oversaw the evidence-based behavioural service(s) I purchased is not on the OAP Provider List. I have attached to this form, a copy of the clinical supervisor's completed and signed attestation form.

## Section 5. Certification by the Primary Caregiver or Independent Youth

- By checking this box,\* I certify that the information given on this form (and its attached documentation), is to the best of my knowledge complete, correct and true.

I also certify that all of the information I have submitted for reconciliation is for eligible expenses under the Ontario Autism Program, as required by my Childhood Budget Funding Agreement.

If I have attached a completed and signed Clinical Supervisor Attestation Form, I further certify that I have reviewed it before submitting it.

I understand that any of the information and documentation I have provided may be subjected to an audit, and the Ministry may require additional information from me, including original invoices, receipts, and proofs of payment.

I also understand that any expense information I have provided relating to ineligible or unreconciled expenses will be deducted from Childhood Budget funding my child is eligible for in future year(s).

Last, I understand that the Ministry may take other actions, including recovery from me of funds spent on ineligible or unreconciled expenses, as set out in my Childhood Budget Funding Agreement.

Name *	Signature *	Date (yyyy/mm/dd) *

## Section 6. Child/Youth's Informed Consent

Only to be completed by **youth sixteen years of age or older** who can provide their informed consent and whose primary caregiver is the Applicant who completed the Childhood Budget Form, including the Childhood Budget Funding Agreement.

**By checking this box, I confirm my consent to the following:**

- Collection and use of my personal information in this form by the Ministry for the purposes of administering funds provided through the Ontario Autism Program Childhood Budgets, and for the ongoing planning, monitoring, and evaluation of the Ontario Autism Program. \*

Youth Name \*

Signature \*

Date (yyyy/mm/dd) \*