

Autism Society of British Columbia

2010 SUMMER REIMBURSEMENT PROGRAM APPLICATION FORM

Please submit by July 23, 2010

(Please fill out one form for each child with autism.)

Date of Application _____

Name of child _____

Family Name _____

Address _____

Postal Code _____

City/Town _____

Phone Number _____

Child's Age? _____

Email: _____

Family Contact _____

Phone Number _____

(name of the person who will be receiving the reimbursement)

Current Membership with ASBC? ? YES ? NO

Is there any additional information that you would like to give us: _____

Total income earned by all family members (residing in same residence), before taxes, last year:

? LESS THAN \$20,000 ? \$21,000 - \$30,000 ? \$31,000 - \$40,000 ? \$41,000 OR MORE

Family size, including all dependents: _____

Certification and Authorization

I certify that all information given on this application is correct. I understand this information is private and confidential and will be used only to verify eligibility for the Autism Society of BC Summer Program reimbursement and *will not be shared with any other agency or private individual for any reason.*

Signature: _____

Date: _____