



RICHMOND CENTRE FOR DISABILITY

100-5671 No. 3 Road, Richmond, B.C. V6X 2C7
 Tel: 604-232-2404 Fax: 604-232-2415
 www.rcdrichmond.org

JOHN GORDON AUTISM FOUNDATION RESPITE CARE SUBSIDY APPLICATION FORM

Section 1 GENERAL INFORMATION

Name of Person with Special Needs or Disabilities			Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Mailing Address			Canadian Citizen <input type="checkbox"/>	Landed Immigrant <input type="checkbox"/>	
City	Province BC	Postal code	Tel:		

Document to be submitted: Proof of Citizenship/Immigration Status Yes No

If no, please explain: _____

Primary Caregiver's Name (Person residing with above named person as the usual caregiver)	Relationship to Persons with Special Needs
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Indicate the total number of people who live in the same household of the person with special needs.

Name	Date of Birth	Relationship to persons with special needs

Section 3**SUPPORT SERVICES**

1. Are you now receiving any financial assistance for respite care? Yes No

If yes: Who pays for the respite care? _____

2. Is the person with special needs receiving any other services? Yes No

If yes: Name of service providers & type of services _____

Section 4**INCOME**

List all gross household income (before deductions). Include person with disability, their spouse, and children under 19. If person with special needs is under 19, include parents and siblings under 19.

Income Type	Amount (\$)	How often is it received?	Who receives it?
Wage, Self-Employment			
Assistance Programs (Social Assistance, EI, CPP, Veterans)			
Interest, Dividends			
Child Support, Alimony			
Other:			

Documents to be submitted:

- Current Income Tax Assessment Yes No

If no, please explain: _____

Other documents to prove financial status (optional): _____

Section 5**DISABILITY-RELATED EXPENSES**

List all disability-related expenses the person with special needs has to pay annually. Do not include amounts covered by insurance or other benefit programs. Examples of expenses: prescriptions, diapers, medical transportation, wheelchair, lifts, or other assistive equipment. Do not include expenses of other family members. These expenses are not claimable for the Respite Subsidy; the data is needed for the purpose of eligibility assessment only.

What Expense	Cost (\$)	How Often	Whose Expense

Section 6**AGREEMENT & SIGNATURE**

I hereby declare that all the information provided in this application is true and accurate. I understand that further proof of declaration may be sought by the Subsidy Review Panel and the onus is on the applicant to submit all required documents.

I understand that whenever there are any changes in the information I have given, I must immediately report them to the Subsidy Administrator of the Richmond Centre for Disability.

I declare that I require this subsidy to cover the cost of respite for the intended recipient as noted above. I understand that I may be required to repay all or part of this subsidy if the information is found to be inaccurate due to a change in circumstances or for any other reason.

Name and Signature of Persons with Special Needs or Parent or Guardian

Date Signed

Send completed application to: Richmond Centre for Disability
JGAF Respite Care Subsidy
100-5671 No. 3 Road
Richmond, BC V6X 2C7

Questions? Call Ella at 604-232-2404 for information