



The Casey Foundation For Autism Support Inc.

Enriching the Lives of Children With Autism

www.thecaseyfoundation.org

info@thecaseyfoundation.org

Application for Funding

Box 26053
Regina SK S4R 8R7
Ph.(306) 525-6482
Fax(306)781-2027

Date of Application _____

Name of Child _____ Date of Birth _____

Name of Parent(s)/Guardian _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Cellular Phone _____

E-mail address _____ Cheque to be made out to: _____

1. What is your child's specific diagnosis?
2. When and by whom was he/she diagnosed?
3. What specific activity or need are you applying for?
4. What is the total cost to you for the specific activity or need you are applying for?
5. Have you received funding for this specific activity or need you are applying for from any other agencies?
6. Is there a copy of the receipt, regarding the specific activity or need you are applying for, attached to this application? Please read FAQ on our website for eligibility guidelines.
 - **FUNDS CAN ONLY BE DISBURSED IF A RECEIPT IS ATTACHED.**
 - **PLEASE BE SURE** documentation is showing **PROOF OF PAYMENT**. Handwritten "paid" does not qualify as proof of payment.
 - **UNPAID INVOICES DO NOT QUALIFY AS A RECEIPT.**

IF MAILING APPLICATION PLEASE SEND IN **REGULAR SIZE ENVELOPE**.
DO NOT SEND USING EXPRESS POST OR REGISTERED MAIL.