



Send the completed form along with all the required documents to:  
Geneva Centre for Autism  
Financial Relief Program  
112 Merton St.  
Toronto, ON  
M4S 2Z8

# GCA Financial Relief Program Application Form

Welcome to the Geneva Centre for Autism Financial Relief Program Application Form. This application should be completed by the parent/legal guardian/caregiver of the client (child). Please submit a separate application form for each client. Please note that eligibility does not guarantee that the client will receive a subsidy. Eligible applications will be further assessed and selected based on financial need and circumstances. If you have any questions or require assistance with the application form, please contact [subsidy@autism.net](mailto:subsidy@autism.net).

**Eligibility Screening: Before proceeding to the application form, please ensure that you (the applicant on behalf of the client) meet the eligibility criteria. \***

Yes, I have an Ontario Autism Program (OAP) registration number for my child

Yes, I have completed clinical intake with GCA and my child has confirmed eligibility for the ABA Classrooms Level 1 or Level 2 program for the upcoming service year (September 2025-August 2026)

Yes, I have the necessary documentation to support verification of financial need (Canada Revenue Agency Notice of Assessment or Canada Child Benefit Notice; Ontario Autism Program funding allocation statement if available)

Not sure/No, I do not meet the above eligibility requirements or require assistance with completing the application

## Contact Information

**Your Full Name \***

First Name      Last Name

**How are you related to the client? \***

**What is the best telephone number to reach you? \***

Please enter a valid phone number.

**What is the best email to reach you? \***

example@example.com

**Do you need an interpreter?**

Yes

No

**What is your primary language?**

## Client Information

**What is the client's full name? Please use their legal name. \***

First Name

Last Name

**What is the client's date of birth? \***

Year

Month

Day

**What is the client's postal code? \***

**If the client lives in the Greater Toronto Area (GTA), please select the first option (Population 500,000 and over). If the client does not live in the GTA, please select the size of the community they live in from the below options or select Unsure. This will be used to assess financial need. \***

## Financial information

Please note that financial documentation will be required to verify and assess financial information.

**What was your total annual household income (net, after taxes/deductions) in 2023? This amount should be the same as the amount in your submitted financial documentation. \***

**What was your estimated total annual household income for 2024? \***

**How many individuals live in your household (adults and children)? \***

**What is the client's Ontario Autism Program (OAP) registration number? \***

**What is the client's annual funding allocation from the Ontario Autism Program (OAP)? Please enter \$0 if none. \***

**Extenuating circumstances (optional): Please check all that apply and/or use the open box below to tell us more about your financial or family situation and any challenges that make it hard for you to afford this service for your child.**

- Parent/caregiver job loss
- Single parent/caregiver household
- Other medical/health issues in the household
- More than one child with a disability
- None of these apply

**Description of extenuating circumstances (in less than 150 words):**

## **Required documentation**

For GCA to assess your application, please provide us with the complete and recent copies of documentation. GCA program staff do not have access to these files or to the contents of your application. GCA program staff does not have any input on and influence over the adjudication process.

**Include the following documentations to this application form:**

I have included documentations for proof of household income in 2023 (CRA Notice of Assessment for each household income earner Income or Child Tax Benefit Statement - family net income)

I have included documentation to verify your household income for 2024 (please upload the last 2 paystubs of 2024 for each household income earner)

I have included documentation for proof of OAP funding allocation (OAP funding statement or receipt), if available

**There is a significant decrease in income in 2024 compared to 2023.**

Yes

No

## Demographic information (optional)

Demographic information is collected for tracking purposes only. Responses will not be used in the subsidy eligibility or allocation decisions.

**Which of the following best describes the client's racial, ethnic or cultural identity group? Please check all that apply.**

- Indigenous within Canada (e.g., First Nations, Métis, Inuk/Inuit)
- African/Black (including African-American, African-Canadian, Caribbean)
- European or North American/White (e.g., English, French, Italian, Ukrainian, Polish, Swedish, etc.)
- Indo-Caribbean, Indo-African, Indo-Fijian, West-Indian
- Latin, South or Central American (e.g., Colombian, Salvadoran, Peruvian, Mexican, etc.)
- Polynesian or Pacific Islander (e.g., Samoans, Tongan, Niuean, Cook Island Maori, Tahitian Maaohi, Hawaiian Ma'oli, Marquesan, New Zealand Maori, etc.)
- East Asian (e.g., Chinese, Taiwanese, Japanese, Korean, etc.)
- South Asian (e.g., Afghan, Nepali, Tamil, Bangladeshi, Pakistani, Indian, Sri Lankan, Punjabi, etc.)
- Southeast Asian (e.g., Vietnamese, Thai, Cambodian, Malaysian, Filipino/a, Laotian, Singaporean, Indonesian, etc.)
- West Asian (e.g., Iraqi, Jordanian, Palestinian, Saudi, Syrian, Yemeni, Armenian, Iranian, Israeli, Turkish)
- Multiracial
- Prefer not to answer
- Do not know
- Other

Detailed information about eligibility for the GCA subsidy program can be found [here](#).  
If you require assistance with the application and/or have questions about eligibility, please contact: [subsidy@autism.net](mailto:subsidy@autism.net).

Please ensure your application is complete with all supporting documentation before submitting.

**I confirm that the information provided in this application for the GCA subsidy program is accurate and complete to the best of my knowledge and that I have read and understood GCA's Subsidy Program requirements and eligibility. \***

Yes

**I consent to the collection and use of this data for the purpose of assessing financial need as part of the GCA Subsidy Program and understand that the information provided will be kept in accordance with GCA's privacy policy. \***

Yes

[Click here to view GCA's privacy policy \(opens new tab\)](#)

## **Optional: Feedback on the application process**

We hope to improve the program in the future and appreciate your feedback on the subsidy program and application process.

**How satisfied are you with the process of completing an application?**

1 2 3 4 5

Very dissatisfied

Very satisfied

**Please feel free to use this space share any feedback you have.**