



# FSCD Direct Billing Request Form

- Please submit **one form per Occasio participant**.
- FSCD **only covers the hourly respite rate that is charged to attend Occasio activities**. Families are responsible for any costs associated with activities (which are detailed in each activity description).
- **Please attach a copy of your current FSCD contract**. Occasio requires confirmation of both parties' signatures on contract, respite funding in place and contract worker's name.
- You must have out-of-home respite funding in your contract (which may look like: **Assistance with the cost of in-home or out-of-home respite services not to exceed \$24.00/hour**). For questions, please contact the Occasio Coordinator at 780-446-1979 or at [occasio@autismedmonton.org](mailto:occasio@autismedmonton.org)
- Scan and send completed forms to:  
By email: [occasio@autismedmonton.org](mailto:occasio@autismedmonton.org)  
By mail: 101, 11720 Kingsway Ave, Edmonton, AB T5G 0X5

## Participant/FSCD Information

Child's Name: \_\_\_\_\_

FSCD Contract #: \_\_\_\_\_

FSCD Worker: \_\_\_\_\_

The Occasio Participant will begin attending programming on \_\_\_\_\_ (date)

Type of FSCD funding category found within your current contract to be used for Occasio (select only one):

Out-of-Home Respite       Community Support       Specialized Recreation Services

Other (Please Specify Category Name) \_\_\_\_\_

*By signing below, I have formally requested that Autism Edmonton's Occasio program submit respite invoices to FSCD on my behalf. I agree to reimburse Autism Edmonton for any claims denied by FSCD for any reason.*

\_\_\_\_\_  
Occasio Account Administrator (Guardian) Signature

\_\_\_\_\_  
Date

## Approval (Occasio Use Only)

Approved

Requires more information

Comments:

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date