

## **2009 SUBSIDY/DIRECT BILLING APPLICATION INFORMATION**

Thank you for applying to register your child in an LDAA-CC program. Operating programs for children with learning disabilities is expensive and the Learning Disabilities Association of Alberta-Calgary Chapter (LDAA-CC) anticipates that you will contribute a portion of the fees. We invite you to apply for fee subsidization and/or talk to us about a payment plan. Note: We accept Visa and MasterCard.

### **Subsidy Info**

Our subsidy program is available through the generous support of donors. The amount available for subsidies varies throughout the year depending on donations and amount of subsidies that have been approved previously. The LDAA-CC reserves the right to change the requirements for subsidy approval, and/or set new guidelines for subsidy approval, at any time, without prior notice.

Approval of a subsidy for one program in no way guarantees future approvals. A separate application request must be submitted for each program requiring a subsidy.

**A membership, in good standing, with the LDAA-CC is required to be considered for a subsidy. Memberships are not subsidized unless there are exceptional circumstances.**

**To apply, complete a ‘Subsidy Application’ and submit with the appropriate documents.**

**Please supply the following information with your completed subsidy application.** (This information is required from every adult living in your household.)

- A copy of a tax assessment from the year 2007 **AND**
  1. A working copy of your 2008 tax return **OR**
  2. Verification of current income.

**AND if you are not already a member, please submit your membership fee/forms with your application.**

### **Direct Billing Info**

We will, with their approval, bill an agency directly for the amount your child is eligible to receive as a participant in our program. **To apply, submit the ‘Direct Third Party Billing’ form on page 3, to the case worker for advance approval. Then return the approved form to the LDAA-CC**

All financial information you provide is strictly confidential. We are not able to guarantee the return of the supporting documents attached to the subsidy form as they are not kept in our files, but are destroyed.

**DO NOT provide any original document that you would like returned.** Please send **copies** only.

**Submit all forms to the attention of Donna Clark at the LDAA-CC offices. Please allow a minimum of 2 weeks for processing.**



**2009 DIRECT THIRD PARTY BILLING AUTHORIZATION**

Please fill out a separate form for each child and each program and submit to your case worker for authorization.

ATTN: Contact/Case Worker's Name \_\_\_\_\_

Full name of agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

RE: ID# or Case # \_\_\_\_\_ Amount to Claim \$ \_\_\_\_\_

**Childs Name (Last Name First)** \_\_\_\_\_

**Program** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Contact/Case Worker Verification:**  
I hereby verify that payment will be processed for the 'Amount to Claim' above OR for the approved amount of \$ \_\_\_\_\_ and I also authorize the LDAA-CC to invoice the above agency the 'Amount to Claim' OR the approved amount, whichever is less.  
**Authorized Contact/Case Worker signature** \_\_\_\_\_  
Please - Fax to Calgary (403) 270-4043 Attn: Accounting

**For the Parent/Guardian:**

I authorize the case worker named above to confirm the child is entitled to the 'Amount to Claim' above and the LDAA-CC has first claim to the amount once the child has been registered into the program.

I certify that all information on this form is true and correct and that:

- I am authorized to instruct the LDAA-CC to invoice the attached agency on the child's behalf.
- I authorize the agency to pay the 'Amount to Claim' stated above to the LDAA-CC.
- I understand that I am responsible for any amount billed to the above agency above that is unpaid.

\_\_\_\_\_  
Signature Date Print Name (Parent/Guardian)

\_\_\_\_\_  
Parents/Guardian Name Relationship to child: \_\_\_\_\_

\_\_\_\_\_  
Cell phone number Day phone number Evening phone number Email

\_\_\_\_\_  
Address City Province Postal Code

I understand a LDAA-CC membership in good standing is required for registration in any LDAA-CC program.  
**Membership fee and form enclosed?** \$ \_\_\_\_\_ **Membership previously paid?** \_\_\_ Yes

<b>For Office Use Only</b>	<b>Claim amount \$</b>	
<b>Claim Verified by:</b>	<b>Date:</b>	<b>Invoice #</b>

\*Please make sure that all information is completed and correct. Missing information may delay the registration process.