

# Applying to the Ontario Autism Program



**AccessOAP manages the intake and registration into the Ontario Autism Program (OAP) for children and youth who may be eligible.**

The OAP offers support to families of children and youth on the autism spectrum. Children and youth who have been diagnosed with autism spectrum disorder (ASD) by a qualified professional, live in Ontario and are under the age of 18 may be eligible for the program.

## Instructions

Use this form to apply for the OAP and to provide consent for the collection, use, and disclosure of your and/or your child's personal health information and personal information.

Please review this form. If you do not understand any part of it or have questions, please contact AccessOAP, and a care coordinator will support you. Complete this form and send it to AccessOAP.

Make sure you send:

- this form (signed and with all mandatory information on pages 2, 3, 4, and 6 completed)
- proof of the child's residency, proof the child's age, and written diagnosis of autism spectrum disorder.

When we receive your information, we will set up your account and connect with you about next steps.



### Questions?

Contact AccessOAP at **1-833-425-2445**  
(Monday – Friday 8:30am-5pm Eastern Time)

### AccessOAP

P.O. Box 187 STN P  
Toronto, ON M5S 2S7



If your family has more than one child with autism, you must submit separate registration forms for each child.

You do not need to apply again if your child is registered.

## Let's Get Started.

Please fill out the fields below with details about the child or youth who might be eligible to receive services through the Ontario Autism Program.

1 Child or Youth's Legal First Name      Legal Middle Name      Legal Last Name

Child or Youth's Date of Birth:      Day      Month      Year



To confirm the child or youth's age, **please attach** a copy of their birth certificate, passport, driver's license, or any other government-issued form of identification that includes their birth date (including month and year)

2 A) Child's/Youth's Sex at Birth  
Female      Male      Intersex      Do not know      Prefer not to answer

B) Child's/Youth's Lived Gender Identity (Select all that apply)

Woman/Girl

Man/Boy

Gender Non-binary

Transgender

Transgender Woman/Girl

Transgender Man/Boy

Two-Spirit

Do not know

Prefer not to answer

Another gender identity (please specify):

\_\_\_\_\_



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3 Child or Youth's Primary Address:

Suite/Apartment #	Street # and Street Name	City/Town
Province	Postal Code/RR/P.O. Box/General Delivery	



**Please attach** a copy of one of the following documents to confirm that the child or youth lives in Ontario:

- Child or youth's official school report card or transcript
- Child or youth's valid Ontario photocard
- Youth's valid Ontario driver's license
- Youth's temporary driver's license (only if accompanied by a photo license card with the same address)
- Youth's employer record (most recent pay stub or letter from employer on company letterhead)
- Lease or rental agreement that includes the child or youth's name as a tenant
- Another document that confirms the address

I attest that the applicant (child/youth) resides in Ontario.

If at any point after you submit this form, the child or youth no longer resides in Ontario, please call us at 1-833-425-2445 (Monday – Friday 8:30–5 PM: Eastern Time)

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**Please attach** a copy of the child or youth's written autism spectrum disorder (ASD) diagnosis. A diagnosis can be made by a qualified professional including, but not limited to a:

- physician
- psychologist
- nurse practitioner, or,
- ministry-funded diagnostic hub.

If this child or youth's diagnosis of autism spectrum disorder is removed for any reason, please get in touch with AccessOAP at 1-833-425-2445.



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5 Is the child/youth attending school? Yes No

If your child is already attending a publicly-funded elementary school, a private school, or participating in a home-schooled elementary program please select “yes.”

If your child is attending a child care or preschool program but has not yet started kindergarten or grade one, please select “no.”

If your child is enrolled to start kindergarten or grade one in elementary school in the upcoming school year but has not yet started school, please select “no.”

Have questions about how to complete this section?

Contact AccessOAP at 1-833-425-2445 (Monday – Friday 8:30am-5pm Eastern Time).

## At AccessOAP, we are committed to protecting the security and privacy of your personal information.

By filling out this form, you are setting up an account with AccessOAP and providing your consent for the collection, use and disclosure of your and/or your child’s information for the purposes of helping you navigate the Ontario Autism Program (OAP). You will be asked to renew your consent with AccessOAP on an annual basis.

Please read through this document before signing. You can call us at 1-833-425-2445 if you have any questions.

## Background

AccessOAP is operated by Accerta Services Inc. and is responsible for helping families access programs and services offered by the OAP. The OAP offers services and support to all eligible children and youth on the autism spectrum and their families. The program is funded by the Ministry of Children, Community and Social Services (MCCSS).



### Questions?

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(Monday – Friday 8:30am-5pm Eastern Time)

### AccessOAP

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By completing this form, you are establishing your account with AccessOAP and you are consenting to:

- the collection, use, and disclosure of your and/or your child's personal health information and personal information, as described in this document.
- the transfer of your and/or your child's personal information, including personal health information, from MCCSS to AccessOAP to continue receiving services in the OAP.
- the collection and access to personal information about OAP clients and, where applicable, their parent, guardian, or other substitute decision-maker for authorized purposes, by MCCSS.

**Please note that AccessOAP and MCCSS require consent for sharing personal information in order to provide services in the OAP.**

## Who can consent?

- 1 **Parents, legal guardians or other substitute decision-makers (SDMs) who are creating an AccessOAP account for a child who is registered with the OAP.**

Under the *Child, Youth and Family Services Act, Part X*, a custodial parent, legal guardian, or other SDM may be able to provide consent on behalf of a child, but this will depend on the age of the child and whether the child has the capacity to consent themselves. A SDM is someone who is authorized by law to provide consent on behalf of someone else (in this case, a child). A child is capable of consenting if they can understand the information that is relevant to deciding whether to consent; and understand the consequences of giving, withholding, or withdrawing the consent.

Parents, legal guardians or other SDMs can provide consent in this form, if:

- a child is incapable of consenting
- a child is under 16 and capable of consenting
- a child is 16-18 and capable of consenting, however, the parent, legal guardian, or other SDM must have written authorization from the child to consent

By signing this form, a parent, legal guardian, or other SDM is attesting that they have written authorization to consent on behalf of a youth.

However, if your child is capable and they disagree with your decision to share their information to create an account with AccessOAP, your child's decision about the sharing of their own personal information will be respected.

Independent youth between 16 and 18 years of age who are registered with OAP, and creating an account with AccessOAP, can provide consent by signing this form.



If you are collecting written authorization from a youth between 16 and 18 who can provide consent themselves, there is a form you can download at [AccessOAP.ca/downloads](https://AccessOAP.ca/downloads), or call us at 1-833-425-2445 to get commonly used wording. Please keep the written authorization for your records.

### Who is consenting and setting up an account? (choose one)

I am a parent, legal guardian, or other SDM of a child who is incapable of consenting (regardless of age)

I am a parent, legal guardian or other SDM of a child under 16 who is capable of consenting

I am a parent, legal guardian or other SDM of a child 16-18 years old who is capable of consenting and I have their written authorization to consent

I am an independent youth who is over 16 years of age and capable of consenting

#### Consent

I \_\_\_\_\_ (print name) consent to the collection, use and disclosure of my and/or my child’s personal information as described in this document.

\_\_\_\_\_ Apt # Street # and Street Name RR/P.O. Box/General Delivery

\_\_\_\_\_ City Province

\_\_\_\_\_ Postal Code Phone Number

Date of Birth of Primary Caregiver/Independent Youth: \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

\_\_\_\_\_ Signature Date (Day/Month/Year)

Please send me an email with directions on how to access my account online

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Email Address

Please note: The Primary Caregiver who signs this form will be the only person who will have access to the AccessOAP account.

### Further questions?

Please ask for clarification about anything you do not understand before providing consent. For more information, please contact AccessOAP at 1-833-425-2445.

## Collection, use, and disclosure of personal information

AccessOAP (operated by Accerta Services Inc.), will collect, use, and disclose your and/or your child's personal information for these purposes:

- determining eligibility for services and registration into the OAP
- co-ordinating services and supports, including facilitating contact between service providers and you
- conducting the determination of needs process and allocating funding for you to purchase core clinical services
- from time to time, perform internal assessments to improve the quality of the services we provide to you
- conducting research and an evaluation
- producing reports and publications
- fulfilling other purposes as permitted or required by law

If AccessOAP wants to collect, use, or disclose your and/or your child's personal information for another purpose, AccessOAP will first ask for your consent.

AccessOAP will collect your and/or your child's personal information directly from you via the information that you provide. AccessOAP will also collect your and/or your child's personal information from and disclose personal information to the following:

- MCCSS
- organizations providing OAP services to you and/or your child
- other organizations only if permitted or required by law

MCCSS will also collect, use, and disclose your and/or your child's personal information as authorized under section 283 of the Child, Youth and Family Services Act, 2017. More information about MCCSS' collection and use of your and/or your child's personal information can be found at:

[www.ontario.ca/page/ministry-children-community-and-social-services-personal-information-management](http://www.ontario.ca/page/ministry-children-community-and-social-services-personal-information-management)

## Disclosure of de-identified information

Your and/or your child's data will be de-identified and separated from any other information that could link the data to information that may identify you or your child. Your de-identified data may be grouped and used by AccessOAP for the following purposes:

- to conduct research that may lead to peer-reviewed publications
- to present research findings
- to perform evaluation functions
- to produce reports for MCCSS and AccessOAP
- to link with databases as needed to carry out AccessOAP's services and program evaluations

The de-identified data may also be shared with third parties for the purposes of research and evaluation. Any request to access the de-identified data by third parties shall be made in writing to AccessOAP and assessed on a case-by-case basis.

## Withdrawing consent

If you provide your consent to the collection, use, and disclosure of your personal information to sign up with AccessOAP, you can withdraw your consent at any time. Withdrawing your consent will mean that AccessOAP will not be able to provide you with services. If you withdraw your consent, you can request that AccessOAP remove or delete some or all of your personal information or de-identified data, and AccessOAP will honour this request if possible. For example, it will not be possible to remove your information that has already been used in research reports or publications.