

BSWD Service Provider Quote Form

INSTRUCTIONS

- Prepare a separate BSWD Service Provider Quote Form for each applicable service.
- Contact your AAS Accommodation Facilitator to discuss eligibility and funding caps.
- **Keep a copy of this form for your records.**

STUDENT INFORMATION

First Name		Last Name	
Student Number		AAS Facilitator	

SERVICE PROVIDER INFORMATION

- Service Provider must be a member of relevant college or regulatory body where applicable.
- Service must respond directly to the student's disability and support his/her participation in postsecondary studies.
- Service must **not** be covered by any other source of funding available to the student.
- Service provider **cannot** be a spouse/partner, family member or friend of the student.

Service Provider Full Name			
Service Provider Address			
Service Provider Email		Telephone	
Service Provider Qualifications (Registration Number if applicable)			
Semester			
Start Date of Sessions (DD/MM/YY)		End Date of Sessions (DD/MM/YY)	
$\begin{array}{ccccccc} \underline{\hspace{2cm}} & \mathbf{X} & \underline{\hspace{2cm}} & \mathbf{X} & \$ & \underline{\hspace{2cm}} & = & \$ & \underline{\hspace{2cm}} \\ \text{Number of Weeks} & & \text{Number of Hours per Week} & & \text{Rate per Hour} & & & \text{Total Amount Requested} \\ \mathbf{(A)} & & \mathbf{(B)} & & \mathbf{(C)} & & & \mathbf{(A \times B \times C)} \end{array}$			

Student Signature: _____ **Date:** _____