

BSWD Service Provider Quote Form

INSTRUCTIONS

- Prepare a separate BSWD Service Provider Quote Form for each applicable service
- If there is a change in service providers within the semester, a new form must be submitted
- Contact your AAS 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 a relevant college or regulatory body (i.e. College of Registered Psychotherapists of Ontario) 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 (i.e. health insurance coverage)
- Service provider **cannot** be a spouse/partner, family member or friend of the student.

First Name		Last Name	
Address			
Email		Phone	
Qualifications		Registration # <i>(if applicable)</i>	
Semester			
Session Start Date		End Date	
_____	_____	\$ _____	\$ _____
Number of Weeks (A)	Number of Hours / Week (B)	Rate per Hour (C)	Total Amount Requested (A x B x C)

Student Signature: _____ Date: _____