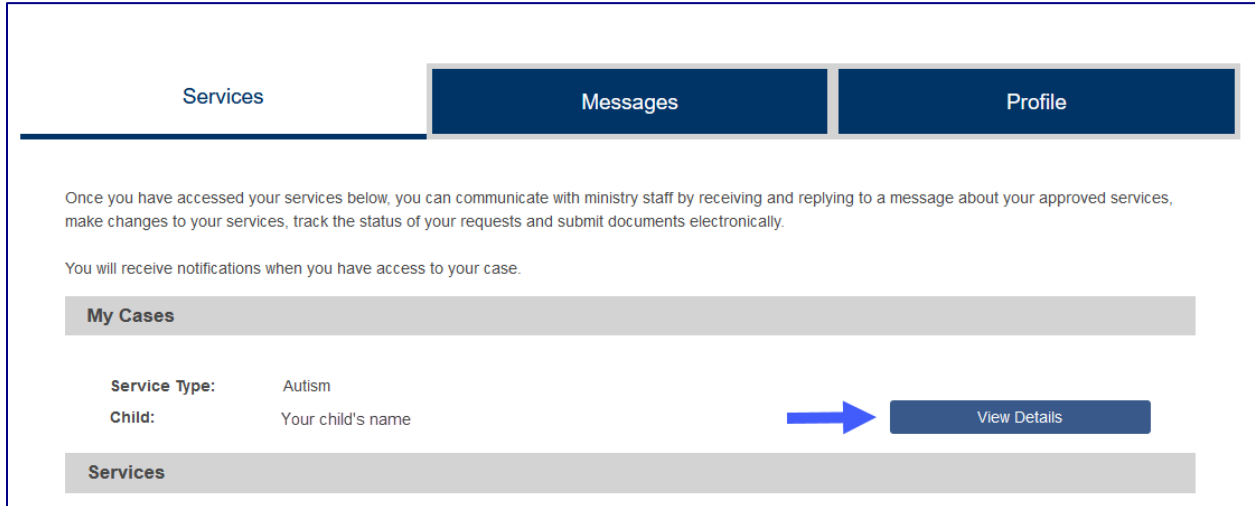


Screenshots: Autism Funding Dashboard:

My Family Services – Home page



The screenshot shows the 'My Family Services' home page. At the top, there are three tabs: 'Services', 'Messages', and 'Profile'. Below the tabs, there is a paragraph of text explaining that users can communicate with ministry staff, make changes to services, track requests, and submit documents. Below this, there is a section titled 'My Cases' with a table showing 'Service Type: Autism' and 'Child: Your child's name'. A blue arrow points to a 'View Details' button. Below the table is a section titled 'Services'.

Using the Autism Funding Dashboard

1. Log into [My Family Services](#) using your basic BCeID
2. Under My Cases on the Services tab of your home page, select "View Details"
3. On the right side of your Autism Funding page, select the link "Request to Pay a Service Provider"
4. Click the button to Add a New Provider
5. Fill in the CDFC business info and select "Intervention Services" for type of service
6. Click the button to Continue
7. Fill in the service info and click the button to Submit

[Request to Pay a Service Provider](#)

[Request to Amend an Authorization](#)

[About your Travel, Training and Equipment](#)

Which service provider would you like to pay?

Select a Provider

Add a New Provider

Add CDFC as a new Service Provider

Add a New Provider

1

*** Is this provider an individual or a business?**

Business

*** Business Name**

Creative Diversity Friends Club

*** Phone Number**

(604) 589-1025

2

Enter CDFC business info and type of service

*** Street Address**

9969 121 St

Unit #

City: Surrey Province: BC

Country: Canada Postal Code: V3V 4K3

*** What type of service do you want to authorize this provider for?**

Intervention Services

3

Continue

Add Services

Service Provider

Creative Diversity Friends Club

*** Start Date**

Day: DD Month: Choose Month Year: YYYY

*** End Date**

Day: 31 Month: July Year: 2022

1

Enter start/end date and the total amount you want to allocate to CDFC

*** Total Amount**

\$

Intervention Service 1

2

Enter type of service and hourly rate

*** What type of intervention service is being requested?**

Life Skills Program

Provided to learn how to cope with stresses and challenges of daily life, skills in communication and literacy, decision-making, occupational requirements, problem-solving, time management and planning.

*** Rate (Include PST)** \$40.00 *** Per** Hour

3

Submit

Add Training & Equipment for Membership Fee
(optional)

1. From your Autism Funding page, select the link "Request to Pay a Service Provider"
2. Select CDFC from the list of providers (or add us as a new provider if needed)
3. Select "Travel, Training, Equipment and Supplies" for type of service
4. Click the button to Continue
5. Click the + sign to expand the option to Add Equipment and Supplies
6. Enter membership details:

Retail Contact Person: **Deanna Brook**
Description of Item: **Annual Membership Fee**
Cost of Item: **\$20**

7. Click the button to Save Items

[Request to Pay a Service Provider](#)

[Request to Amend an Authorization](#)

[About your Travel, Training and Equipment](#)



* What type of service do you want to authorize this provider for? ⓘ

Travel, Training, Equipment, and Supplies ▾

Continue



Add Equipment and Supplies +

* **Date Of Purchase**

Day: Month: Year:

1 **Enter today's date**

Retail Contact Person (if known)

* **Description of Item** ⓘ

2 **Enter membership details**

* **Cost of Item** ⓘ

+ Add Another Item

Sub Total \$20.00

3 **Save Items**

Upload receipts

Or drop files