



INVOICE FOR SERVICES PROVIDED – FAMILY SUPPORT OPTIONS

Instructions for completion and submission of forms on reverse.

1. _____
Name of Client
2. _____
Name of Coordinator
3. _____
Name of Independent Contractor (I.C.)
4. Reimbursement to be sent to:
 Parent/Guardian
 Independent Contractor

- 5.
- | A. Dates Services Provided | B. Number of Hours/Kilometres | C. Hourly/Kilometre Rate |
|----------------------------|-------------------------------|--------------------------|
| | | |

6. TOTAL B _____ x TOTAL C _____ = D TOTAL \$ _____
HOURS/KILOMETRES RATE TO BE REIMBURSED

7. **Funds to be taken from:**
- SSAH
 - MFTD (Medically Fragile Technologically Dependent - as authorized by Coordinator)
 - Specialized Support (as authorized by Coordinator)

8. i) Confirmation of Services received by family as recorded _____
Parent/Guardian Signature
- ii) Confirmation of payment received from Parent/Guardian _____
I.C. Signature / Date / Amount

9. Reimbursement sent to:

Name: _____ please check if this is a change of address.

Address: _____ City: _____ Postal Code: _____

DROP OFF: Mail slots have been provided for your convenience at the following CMHA WW offices. They are located on/ near the front doors of: 80 Waterloo Avenue, Guelph; 234 St. Patrick Street East, Fergus, 392 Main Street, Suite 1, Mt. Forest

FAX: (519) 821-9865. For individuals for whom the (519-323) exchange is local you may choose to FAX to (519)-323-3771 to avoid long distance costs. Only the front of the page needs to be faxed

MAIL: CMHA WW, ATTENTION Payroll Department, 80 Waterloo Avenue, Guelph, ON N1H 0A1

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Please note:

Invoices need to be submitted by 8 a.m. on the 7th and 22nd of each month and cheques mailed the following week. Blank forms are available via your coordinator or on line at www.cmhaww.ca/fso in the family information section.

Incomplete or incorrect forms cannot be processed and will be returned for completion

INDEPENDENT SERVICE PROVISION - Guidelines

All parties agree to release and forever discharge CMHA WW from, and indemnify Canadian Mental Health Association Waterloo Wellington for all claims, demands, suits, causes of action, costs, expenses, damages, losses and liabilities of whatsoever kind and nature in law or equity, arising from or in any way pertaining to the services provided you by the independent contractor unless such claims, demands, suits, causes of action, costs, expenses, damages, losses and liabilities of whatsoever kind and nature in law or equity, are caused by the wilful negligence of CMHA WW.

1. **Services provided for:** name of child receiving services
2. Name of **Coordinator**.
3. **Services provided by:** name of Independent Contractor, Agency or program
4. **Reimbursement to be sent to:** Please check appropriate space where reimbursement should be sent; parent/guardian or Independent Contractor, [Agency, program].
5. **Work Information:** Enter dates worked/traveled (A), number of hours/kilometres worked (B) and rate of reimbursement (C) you have negotiated for the services provided. If a flat fee is to be paid, enter total cost in (C). Forms cannot be processed without all of this information.
6. **Total Hours / Mileage:** Multiply total of (B) x (C) to = total (D) reimbursement.
7. Check to indicate which fund you are using to pay for this Service. If there is no box checked off, your SSAH Transfer allotment will be charged. If there are not sufficient funds to pay this expense, you will receive a call from your coordinator. CMHA WW will only pay out the balance of funds. Any amounts due in excess of the funds remaining with CMHA WW are the responsibility of the parent/guardian.
8. **SIGNATURES:**
 - a. The parent/guardian must sign, to confirm services have been received. If the payment is for a program or service [camp, respite, recreation program, music lessons, etc], a signed invoice or registration form must be attached to this form.
 - b. If the Independent Contractor has been paid by the parent/guardian directly then the Independent Contractor must sign to indicate payment received. If another program or service [example a camp, respite, recreation program, music lessons, etc] has been paid by parent/guardian, please attach a signed receipt from that alternate service to this form.
9. Please provide full name and address to forward reimbursement. This section needs to be completed on each invoice submitted.

Please refer to your CMHA WW coordinator for information on what SSAH funding may be used for.

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