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| ***Forms that are incorrect, incomplete and/or missing receipts will be returned. This may result in a delay***  ***for reimbursement.*** | | | |
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| Instructions for completion and submission of forms on reverse. | | | |
| 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Child Receiving Funding | | 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of FSO Coordinator | |
| 3. Reimbursement to be sent to:  ❑ Parent/Guardian  ❑ Independent Service Provider/Agency/Program | | 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Independent Service Provider/Agency/  Program | |
| 5. Invoice Details: (*Copies of receipts must be provided).* | | | |
| A. Date | B. Description | | C. Cost |
|  |  | |  |
|  |  | |  |
| 6. Total to be reimbursed: $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 7. i) Confirmation of Services/Purchase received by family as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  recorded Parent/Guardian Signature **(REQUIRED)**  ii) Confirmation of payment received from Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Service Provider Signature/Date/Amount    \*Keep a copy of invoices as T4s are not provided\* | | | |
| 8. Reimbursement sent to: ❑ please check if this is a change of address.  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **FOR SUBMISSION INSTRUCTIONS SEE PAGE 2.** | | | |
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| DROP OFF: Make any correspondence out to “ATTN: SSAH.” 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 | | | |
| MAIL: CMHA WW, ATTENTION: SSAH, 80 Waterloo Avenue, Guelph, ON N1H 0A1 | | | |
| EMAIL: [ssahinvoices@cmhaww.ca](mailto:ssahinvoices@cmhaww.ca) (Please send invoices or receipts as PDFs) | | | |
| **Please note:**  Invoices need to be submitted by 8AM on every other Tuesday of each month and cheques will be mailed shortly after. Blank forms are available via your coordinator or online at [www.cmhaww.ca/fso](http://www.cmhaww.ca/fso) in the ‘Document and Forms’ section.  Please remember all invoices are due no later than 5 business days after the fiscal year end on March 31st. | | | |
| **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, and suits, causes of action, costs, expenses, damages, losses and liabilities of whatsoever kind of 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. 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.** | | | |
| 1**. Services provided for:** Name of child receiving services | | | |
| 2. **Name of:** FSO Coordinator**.** | | | |
| 3. **Reimbursement to be sent to:** Please check appropriate space where reimbursement should be sent;  Parent/Guardian, Independent Service Provider, Agency/Program. | | | |
| 4. **Services provided by:** Name of Independent Service Provider, Agency or program | | | |
| 5. **Description Information:**   * A) Date service provided, or item purchased * B) Description of service/item * C) Cost (If a flat fee is to be paid, enter total cost in [C]).   Forms cannot be processed without all of this information.  \*Receipts must show amount/method of payment/date\* | | | |
| 6. **Total:** Sum of all costs | | | |
| 7. **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 copy of registration form must be attached to this form.  b. If the Independent Service Provider has been paid by the parent/guardian directly then the Independent Service Provider 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. | | | |
| 8. Please provide full name and address to forward reimbursement. This section needs to be completed on each  invoice submitted. | | | |
| Please refer to your FSO Coordinator at CMHA WW for information on what SSAH funding may be used for. Check our web page at [www.cmhaww/fso](http://www.cmhaww/fso) for more information. | | | |