



**SSAH INVOICE FOR SERVICES PROVIDED – FAMILY SUPPORT OPTIONS**

Put in **your child's name** that is receiving SSAH.

-put in **your** FSO Coordinator's name;

1. **Jane Doe**  
Name of Child Receiving Funding

Colleen Scott  
Lisa Romeo **OR** Julie Bergwerff  
2. Name of FSO Coordinator

**X this if you paid already**

**Acme Home Cleaning**  
4. Name of Independent Service Provider/Agency/Program

3. Reimbursement to be sent to:  
 Parent/Guardian  
 Independent Service Provider/Agency/Program

Name of Independent Service Provider/Agency/Program

**\*Put in name of service / company / agency.**

5. Invoice **X this if reimbursement going to service, worker or agency from CMHA**  
A. Date

C. Cost

|               |                       |                           |
|---------------|-----------------------|---------------------------|
| May 15, 2022  | -Monthly cleaning fee | \$175.26 (includes taxes) |
| June 15, 2022 | -Monthly cleaning fee | \$175.26 (includes taxes) |
| July 15, 2022 | -Monthly cleaning fee | \$175.26 (includes taxes) |

**\*\*Must attach / include receipts for each entry on this invoice (receipts must indicate PAID and how paid).**

6. Total to be reimbursed: **\$525.78**

**Must be signed by parent/guardian.**

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: \_\_\_\_\_

8. **\*\*Put in your name/address if you paid OR service/ company /agency name/address if CMHA paying them directly.**