



**Canadian Mental Health Association**  
Waterloo Wellington

**Association canadienne pour la santé mentale**  
Waterloo Wellington

SAMPLE #2  
paying for services

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

put in your child's name  
receiving SSAH

Instructions for completion and submission of forms on reverse side

put in your coordinator's name

1. Jane Doe  
Name of Client

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

3. Acme Home Cleaning  
Name of independent Contractor (I.C.)

Reimbursement to be sent to:  
 Parent/Guardian - X this if you already paid for service  
 Independent Contractor - X this if reimbursement going to service from CMHA.

name of service/company

a) Dates Services Provided	b) Number of Hours/Kilometres	c) Hourly/Kilometre Rate
May 15/20	_____	\$125 - mthly. cleaning fee
June 15/20	_____	\$125 - mthly cleaning fee
July 15/20	_____	\$125 - mthly cleaning fee

\* must attach receipts for each entry to this invoice (receipts must indicate if PAID)

6. TOTAL B \_\_\_\_\_ x TOTAL C \_\_\_\_\_ = D TOTAL \$ 375  
(Hours/Kilometres) (Rate) (Total 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)

must be signed by parent/guardian

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: \_\_\_\_\_ Postal Code: \_\_\_\_\_

put in your name/address if you paid OR service/company name/address if CMHA paying directly.

**DROP OFF:** Mail slots have been provided for your convenience at the following CMHA WW offices. They are located on/near the main 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 in Mt. Forest, use (519)-323-3771 to avoid long distance costs. Only the front of the page needs to be faxed

**MAIL:** Please send to: CMHA WW, ATTENTION Payroll Department, 80 Waterloo Avenue, Guelph, Ontario N1H 0A1.