Canadian Mental Health Association
Waterloo Wellington

Association canadienne pour la santé mentale
Waterloo Wellington

SAMPLE #1 – Paying for a 1 to 1 or respite worker

SSAH INVOICE FOR SERVICES PROVIDED – FAMILY SUPPORT OPTIONS

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

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

-put in **your** FSO Coordinator's name;
Colleen Scott
Lisa Romeo **OR** Julie Bergwerff

2. _____
Name of FSO Coordinator

X this if you paid worker already

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

4. **Laura Brown**
Name of Independent Service Provider/Agency/ Program

***Name of 1 to 1 or respite worker / agency / program**

X this if reimbursement going to worker or program from CMHA

5. Invoice

A. Date		C. Cost
July 18, 2023	2 hrs.	x $20 / hr. = $40
July 19, 2023	3 hrs.	x $20 / hr. = $60
July 24, 2023	2.5 hrs.	x $20 / hr. = $50
July 25, 2023	2.5 hrs.	x $20 / hr. = $50

6. i) Total **technology purchase(s)** for this invoice (if applicable) = $**N/A** (maximum of $1500 allowed per fiscal year)

ii) **OVERALL TOTAL** to be reimbursed for this invoice = $**$200** (including all technology purchases as applicable)

7. i) Confirmation of Services/Purchase received by family as recorded

_____
Parent/Guardian Signature **(REQUIRED)**

Must be signed by parent/guardian.

ii) Confirmation of payment received from Parent/Guardian

_____
Service Provider Signature/Date/Amount

Must be signed by worker for reimbursement.

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 worker already **OR** put in worker's name/address if CMHA is paying worker directly.

**** If a worker does not sign – please attach receipt(s) that clearly indicates the respite or 1 to 1 hours have been PAID for – a signature on a receipt is preferred if possible.**