



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

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

Colleen Scott  
Lisa Romeo **OR** Julie Bergwerff

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

**Jane Doe**

1. Name of Child Receiving Funding

2. Name of FSO Coordinator

**Acme Home Cleaning**

4. Name of Independent Service Provider/Agency/Program

**X this** if you paid already

3. Reimbursement to be sent to:

Parent/Guardian

Independent Service Provider/Agency/Program

**X this** if reimbursement going to service, worker or agency from

5. Invoice

A. Date **CMHA**

B. Description

C. Cost

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

A. Date	B. Description	C. Cost
May 15, 2023	-Monthly cleaning fee	\$175.26 (includes taxes)
June 15, 2023	-Monthly cleaning fee	\$175.26 (includes taxes)
July 15, 2023	-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. 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 **\$525.78** (including all technology purchases as applicable)

**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.**