



SSAH INVOICE FOR SERVICES PROVIDED – FAMILY SUPPORT OPTIONS

Forms that are incorrect, incomplete and/or missing receipts will be returned. This may result in a delay for reimbursement.

Instructions for completion and submission of forms on reverse.

1. _____
Name of Child Receiving Funding

2. _____
Name of FSO Coordinator

3. Invoice Details: *(Copies of receipts must be provided).*

A. Date

B. Description

C. Cost

A. Date	B. Description	C. Cost

4. **OVERALL TOTAL** to be reimbursed for this invoice = \$ _____

5. 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

6. Reimbursement sent to:

Parent/ Guardian Independent Service Provider/Agency/Program

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
- 737 Woolwich St, Guelph
- 234 St. Patrick Street East, Fergus
- 392 Main Street, Suite 1, Mount Forest

EMAIL: ssahinvoices@cmhaww.ca (Now required to send invoices and receipts as PDF's)

Please note:

Invoices need to be submitted by 8AM on the 2nd and 4th Tuesday of each month and cheques will be put in the mail 10/15 days after each deadline date. Blank forms are available via your coordinator or online at <https://cmhaww.ca/services/children-youth-families/family-support-options/> in the 'Invoicing Information' section.

Please remember all final invoices for the fiscal year are due by 8 am April 1st.

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. **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 \$ _____).

Forms cannot be processed without all of this information.

Receipts must show amount/method of payment/date

4. Total of **ALL PURCHASES** on invoice

5. **SIGNATURES:**

- 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.
- 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.

6. Please provide full name and address to forward reimbursement. **THIS SECTION NEEDS TO BE COMPLETED ON EACH INVOICE SUBMITTED.** Reimbursement to be sent to; Please check appropriate box where reimbursement should be sent: Parent/Guardian OR Independent Service Provider/Agency/Program. Please check box if address has changed since the last submission for either.

Please refer to your FSO Coordinator at CMHA WW for information on what SSAH funding may be used for. Check our web page at <https://cmhaww.ca/services/children-youth-families/family-support-options/> for more information.

Effective Date: March 2015	Revision: 008	Page: Page 2 of 2	Author: Director of Children's Services	Form# FSO F 021
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