



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.

Jane Doe

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

Cheryl Van Every-Petty,
Lisa Romeo **OR** Julie Bergwerff

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
July 18, 2024	2 hrs.	x \$25 / hr. = \$50
July 19, 2024	3 hrs.	x \$25 / hr. = \$75
July 24, 2024	2.5 hrs.	x \$25 / hr. = \$62.50
July 25, 2024	2.5 hrs.	x \$25 / hr. = \$62.50

4. **OVERALL TOTAL** to be reimbursed for this invoice = **\$250**

Must be signed by parent/guardian.

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

Must be signed by worker for reimbursement.

X Parent/Guardian if you paid worker already

6. Reimbursement sent to: _____

X Independent Service Provider/Agency/Program if reimbursement going to worker or program from CMHA

Parent/ Guardian Independent Service Provider/Agency/Program

Please check if this is a change of address.

Name: _____

Address: _____ City: _____ Postal Code: _____

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.**