



SSAH INVOICE FOR SERVICES PROVIDED – FAMILY SUPPORT OPTIONS

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

Jane Doe

Name of Child Receiving Funding

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

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

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
May 15, 2024	-Monthly cleaning fee	\$182.26 (includes taxes)
June 15, 2024	-Monthly cleaning fee	\$182.26 (includes taxes)
July 15, 2024	-Monthly cleaning fee	\$182.26 (includes taxes)

****You must attach / include receipts for each entry on this invoice (receipts must indicate PAID and how paid).**

4. **OVERALL TOTAL** to be reimbursed for this invoice = **\$546.78**

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

X Parent/Guardian if you paid service provider/agency directly for service

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: _____

X Independent Service Provider/Agency/Program if reimbursement going to agency or service provider from CMHA

****Put in your name/address if you paid OR service/ company /agency name/address if CMHA paying them directly.**