SSAH INVOICE

SPECIAL SERVICES AT HOME FAMILY INVOICE

FAX: 519-972-8902

PARENT NAME: _____

CHILD NAME: _____

ADDRESS: _____

CITY POSTAL CODE

PHONE NUMBER: _____

FAMILY COORDINATOR: _____

DESCRIPTION OF SERVICE	Amount Paid	Name of Service Provider	Date of Service Provided	Receipt Attached
TOTAL:	**$**			

☐ Please mail cheque to above address ☐ I will pick up cheque

*** I agree that I am the employer of any person who provides services for my child through Special Services at Home funding for purposes other than the agreed upon In home hours outlined in the Three Party Agreement completed with Family Respite Services.**

PARENT'S SIGNATURE / LEGAL GUARDIAN DATE

RECEIPTS MUST BE ATTACHED TO INVOICE FOR PAYMENT.
INVOICES MUST BE SUBMITTED WITHIN 30 DAYS OF RECEIPT DATE.*

Family Respite Services Windsor / Essex Service de Répit Familial Windsor / Essex
3295 Quality Way Unit 101A Windsor, ON N8T 3R9 - Tel: (519) 972-9688 Fax: (519) 972-8902