ERINOAKKIDS
Centre for Treatment and Development

ERINOAKKIDS INPUT ONLY	
DATE:	
INITIAL:	

SPECIAL NEEDS WORKER INFORMATION FORM-
SPECIAL SERVICES AT HOME AND/OR ENHANCED RESPITE FUNDING

Last Name:	First Name:
Address:	
City:	Postal Code:
Telephone (day):	Telephone (evening):
Cellphone:	Email:

IMPORTANT: Please read and sign

1. Special Services at Home Workers are self-employed. You will not receive a T4 slip or be covered by employment legislation. It is your responsibility to report any earnings as income.
2. Client confidentiality is essential. Any unauthorized disclosure of health care information or personal information about a client and/or a family may have serious consequences.

Signature _____ Date _____

AUTHORIZATION FOR DIRECT DEPOSIT

NAME OF DEPOSITOR: **ErinoakKids**
2277 South Millway
Mississauga, ON L5L 2M5

AUTHORIZATION: I hereby authorize ErinoakKids to deposit directly to the account indicated below. This authorization will be in force until ErinoakKids is instructed to stop direct deposits.

Signature _____ **Effective Date** _____

WE REQUIRE THE FOLLOWING BANKING INFORMATION: INSTITUTION #, TRANSIT #, ACCOUNT # for Direct Deposit. Attach a print out of your account information from your banking institution, or, a void cheque here.

IF YOU HAVE A CHEQUING ACCOUNT
ATTACH VOID CHEQUE HERE

*** PLEASE NOTE: If the information which you submit is incorrect, the deposit will be rejected by the bank and you will not be paid until the following month when your banking information has been corrected. Please call Maggie Dima (905) 855-2690 ext. 2467 if you require more information.**