

**SPECIAL SERVICES AT HOME AND/OR ENHANCED RESPITE
FUNDING INVOICE**

CLIENT NAME:	<i>Child's LAST and FIRST Name</i>	DATE: <i>Date invoice completed.</i>
PARENT/GUARDIAN:	<i>Parent/Guardian's LAST and FIRST Name</i>	IS YOUR WORKER A FAMILY MEMBER?
SPECIAL NEEDS WORKER (SNW):	<i>Special Needs/Respite LAST and FIRST Name or Agency Name</i>	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>Tick YES if the worker is a family member.</i>

Invoices must be submitted to ErinoakKids by the first Friday of each month.

COMPLETE AS SHOWN BELOW.

Payment will be deposited to the bank account of the Payee within 2 weeks.

DATE	# OF HOURS		DATE	# OF HOURS
April 3	2		May 3	2
April 6	2		May 6	4
April 8	4		May 8	3
April 11	2		May 9	2
April 15	4			
April 17	2			
April 22	6			
April 24	1.5			
April 26	2			
April 29	4.5			
May 1	2			

Be sure to check one payable box
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TOTAL <u>43</u> hours @ \$ <u>10.50</u> /per hour = \$ <u>451.50</u>	PAYABLE TO: (Check one) Parent <input type="checkbox"/> SNW <input type="checkbox"/>
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ALL SSAH/MFTD CONTRACTS EXPIRE MARCH 31ST. HOURS CANNOT BE CARRIED OVER INTO THE NEXT YEAR'S CONTRACT and WILL NOT BE PAID.

*All active workers must complete a one-time Worker Application Form and Worker Release Form regardless if they are being paid by ErinoakKids or directly by families. Please ensure that all of your current workers have completed these forms and have returned them to our office. Invoices received without a Worker Application Form and a Worker Release Form on file **will not be processed and will be returned to the family.***

I, Parent/Guardian's Signature (Parent/Guardian's signature) have received the services as stated.

I, Special Needs/Respite Worker's Signature (Worker's signature) have provided the services as stated.

Falsification of information will have serious consequences, up to and including loss of funding and potential criminal charges.