

## SPECIAL SERVICES AT HOME INVOICE

CLIENT NAME:		DATE:
PARENT/GUARDIAN:		IS YOUR SNW A FAMILY MEMBER?
SPECIAL NEEDS WORKER (SNW):		YES <input type="checkbox"/> NO <input type="checkbox"/>

***Invoices must be submitted to ErinoakKids by the FIRST FRIDAY of each month.***

Payment will be deposited to the bank account of the Payee on the **THIRD** Thursday.

DATE	# OF HOURS	DATE	# OF HOURS

Total hours _____ @ \$ _____ / per hour = \$ _____ <small style="margin-left: 150px;">Rate of pay</small>	<b>PAYABLE TO</b> <i>(Please check one):</i> Parent <input type="checkbox"/> SNW <input type="checkbox"/>
--	--

**ALL SSAH CONTRACTS EXPIRE MARCH 31st. HOURS CANNOT BE CARRIED OVER INTO THE NEXT YEAR'S CONTRACT and WILL NOT BE PAID.**

This invoice **must be signed** by both the **Parent/Guardian** and the **Special Needs Worker**. Both should keep a copy of the invoice for their records as **T4's are not provided**.

*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 signature)  
have received the services as stated.

I, \_\_\_\_\_ (Special Needs Worker's signature)  
have provided the services as stated.