

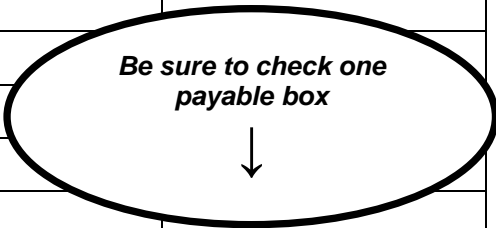
SPECIAL SERVICES AT HOME INVOICE		
CLIENT NAME:	<i>Child's LAST and FIRST Name</i>	DATE: <i>Date invoice completed.</i>
PARENT/GUARDIAN NAME:	<i>Parent/Guardian's LAST and FIRST Name</i>	Attach all paid Receipts to this invoice, if applicable.
SPECIAL NEEDS WORKER (SNW) NAME:	<i>Special Needs/Respite LAST and FIRST Name or Agency Name</i>	

Invoices must be submitted to ErinoakKids by the FIRST Working Day of the month

Payment will be deposited to the bank account of the Payee on the **15th** day of the month

COMPLETE AS SHOWN BELOW:

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	2.5		
May 1	2		



TOTAL 41 hours @ \$ 15.50 per hour = \$ 635.50
**Parents/Guardians are responsible to comply with the minimum wage requirements under the Employment Standards Act.*

PAYABLE TO: (Check one)
 Parent SNW

ALL SSAH/MFTD 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 SNW Information Form and SNW 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 the above noted forms 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 (Special Needs 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.