



Canadian Mental
Health Association
Waterloo Wellington

Association canadienne
pour la santé mentale
Waterloo Wellington

INVOICE FOR SERVICES PROVIDED – FAMILY SUPPORT OPTIONS

Instructions for completion and submission of forms on reverse.

1. _____
Name of Client

2. _____
Name of Coordinator

3. _____
Name of Independent Contractor (I.C.)

4. Reimbursement to be sent to:
☐ Parent/Guardian
☐ Independent Contractor

5. A. Dates Services Provided B. Number of Hours/Kilometres C. Hourly/Kilometre Rate

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6. TOTAL B _____ x TOTAL C _____ = D TOTAL \$ _____
HOURS/KILOMETRES RATE TO BE REIMBURSED

7. Funds to be taken from:

- ☐ SSAH
- ☐ MFTD (Medically Fragile Technologically Dependent - as authorized by Coordinator)
- ☐ Specialized Support (as authorized by Coordinator)

8. i) Confirmation of Services received by family as recorded _____
Parent/Guardian Signature

ii) Confirmation of payment received from Parent/Guardian _____
I.C. Signature / Date / Amount

9. Reimbursement sent to:

Name: _____ ☐ please check if this is a change of address.

Address: _____ City: _____ Postal Code: _____

DROP OFF: Mail slots have been provided for your convenience at the following CMHA WW offices. They are located on/ near the front doors of: 80 Waterloo Avenue, Guelph; 234 St. Patrick Street East, Fergus, 392 Main Street, Suite 1, Mt. Forest

FAX: (519) 821-9865. For individuals for whom the (519-323) exchange is local you may choose to FAX to (519)-323-3771 to avoid long distance costs. Only the front of the page needs to be faxed

MAIL: CMHA WW, ATTENTION Payroll Department, 80 Waterloo Avenue, Guelph, ON N1H 0A1

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