SSAH INVOICE

FAMILY RESPITE SERVICES
2565 Ouellette Ave., Windsor, Ontario, N8X 1L9
Phone: 519-972-9688 Fax: 519-972-8902
payroll@familyrespite.org

PARENT NAME: _____

CHILD NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FAMILY COORDINATOR: _____ AUTH # _____

1. Description of Service	Amount Paid	Name of Service Provider/Business	Date Service was Provided	Receipt attached
Expense Category:		Reason:		
2. Description of Service	Amount Paid	Name of Service Provider/Business	Date Service was Provided	Receipt attached
Expense Category:		Reason:		
3. Description of Service	Amount Paid	Name of Service Provider/Business	Date Service was Provided	Receipt attached
Expense Category:		Reason:		
Total amount:				

***SEE BACK OF INVOICE FOR LIST OF EXPENSE CATEGORIES AND REASONS

PARENT'S SIGNATURE: _____ DATE: _____

*Receipts for purchased items and services must be attached to invoice for payment.
Invoices must be submitted within 30 days of receipt date.*

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EXPENSE CATEGORIES AND REASONS

SSAH and ENHANCED RESPITE

EXPENSE CATEGORY	REASON
Respite Services and Supports	Camp fees Provided overnight respite Provided before and after school care-Latchkey Purchased a service that relieved me from other household duties while I cared for my child-light housekeeping, yardwork, meal preparation Provided training for me to better support my child Other: Please describe
Support to participate in day-to-day activities *Purchased Items only	Helped my child with their daily activities Helped my child with sensory needs Helped my child with an activity/activities of self-care Helped keep my child safe in their day Other: Please describe
Support to participate in activities of growth and development *Purchased items only	Function: Helped my child with a skill Family: Helped my child participate in a family activity Friends: Helped my child participate in a social activity Fun: Helped my child to do something they enjoy Fitness: Helped my child do a physical activity Future: Helped plan for my child's future Other: Please describe

***Please note that Direct Support Provider(1-1 worker) hours are submitted on Timesheets and should not appear on these invoices.