

**SPECIAL NEEDS WORKER INFORMATION FORM-
SPECIAL SERVICES AT HOME AND/OR ENHANCED RESPITE FUNDING**

Last Name:	First Name:
Address:	
City:	Postal Code:
Telephone (day):	Telephone (evening):
Cellphone:	Email:

IMPORTANT: Please read and sign

1. Special Services at Home Workers are self-employed. You will not receive a T4 slip or be covered by employment legislation. It is your responsibility to report any earnings as income.
2. Client confidentiality is essential. Any unauthorized disclosure of health care information or personal information about a client and/or a family may have serious consequences.

Signature_____
Date**AUTHORIZATION FOR DIRECT DEPOSIT (if applicable)**

NAME OF DEPOSITOR: ErinoakKids Centre for Treatment and Development
1230 Central Parkway West
Mississauga, ON L5C 0A5

AUTHORIZATION: I hereby authorize ErinoakKids to deposit directly to the account indicated below. This authorization will be in force until ErinoakKids is instructed to stop direct deposits.

Signature_____
Effective Date

WE REQUIRE THE FOLLOWING BANKING INFORMATION: INSTITUTION #, TRANSIT #, ACCOUNT # for Direct Deposit. Attach a print out of your account information from your banking institution, or, a void cheque here.

**IF YOU HAVE A CHEQUING ACCOUNT
ATTACH VOID CHEQUE HERE**

** PLEASE NOTE: If the information which you submit is incorrect, the deposit will be rejected by the bank and you will not be paid until the following month when your banking information has been corrected. Please call Client Financial Services Clerk (905) 855-2690 ext. 2467 if you require more information.*