

SPECIAL SERVICES AT HOME INVOICE

CLIENT LAST NAME:	CLIENT FIRST NAME:	DATE:
PARENT/GUARDIAN LAST NAME	PARENT/GUARDIAN FIRST NAME:	Attach all paid Receipts to this invoice, if applicable.
SPECIAL NEEDS WORKER (SNW) LAST NAME:	SPECIAL NEEDS WORKER (SNW) FIRST NAME:	

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.

DATE	# OF HOURS		DATE	# OF HOURS

TOTAL: ____ -- hours @ \$ ____ /per hour* = \$ ____
*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) have received the services as stated.

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