

**Passport Program Invoice**  
**April 01, 2017 to March 31, 2018**

\* Mandatory

Individual's Name:

Caregiver's Name:

5 XXfYgg.

\*Please indicate service of preference: English  French

\*Authorized Signature: Individual's/Parent's/Caregiver's Signature:

X \_\_\_\_\_

\*Tel #:

By signing this invoice, (authorized funding administrator or payee) I acknowledge:

- I have not previously submitted the same claim.

Worker/Parent Relief Worker Information (*Please print*):

\*Name: \_\_\_\_\_

\*Tel # \_\_\_\_\_

\*Worker's Signature:

X \_\_\_\_\_

By signing this invoice, I acknowledge:

- I have provided services as described below;
- I am 18 years of age or older;
- I am not the primary caregiver/parent.

**IMPORTANT INFORMATION**

- DO NOT** - submit an invoice prior to services being delivered.
- We **CANNOT PROCESS** incomplete invoices. Incomplete invoices will be returned to you and may delay reimbursement.
- Allow **30 BUSINESS DAYS** for payment from the date received in the North Bay office.
- A separate invoice for each worker must be attached.
- Original official receipts or copies are required for all expenses and must be submitted with the invoice. If a copy is submitted, the original receipt must be kept for audit purposes.
- Travel expense forms must be submitted when claiming travel expenses.

	Type of Service/Program	Date from (DD/MM/YYYY)	Date To (DD/MM/YYYY)	Total Expenses	Total Hours	Hourly Rate	Sub-Total \$
CPS	Community Participation Supports Worker						
CPS	Support worker expenses						
CPS	Employment supports (including job coach)						
CPS	Programs/classes/skills development/Day programs						
CPS	Extenuating Circumstances (requires prior approval)						
CGR	CGR - In home respite worker						
CGR	- Out of home respite worker						
CGR	Indirect respite (requires prior approval)						
PDP	Person-Directed Planning (provide copy of plan and itemized invoice from service provider)						
OTHER	Transportation (attach Transportation Expenses sheet)						
OTHER	Other						
Admin	Administration						
						<b>TOTAL</b>	

Return to: Passport Administration  
 Hands TheFamilyHelpNetwork.ca  
 222 Main Street East, North Bay, ON P1B 1B1  
 Phone Number: 1-800-668-8555 or (705) 476-2293  
 Fax Number: (705) 495-1373 Email Address: [passport@handstfhn.ca](mailto:passport@handstfhn.ca)

Date Stamp:

Entered By: