



## **Passport Program**

### **Managing Your Passport Funding**

***For Individuals Receiving Direct Funding,  
Transfer Payment Agencies or Brokers***

## INSTRUCTIONS FOR HOW TO INVOICE THE PASSPORT AGENCY

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This guide is to help you understand what you need to do to be reimbursed for expenses.

### **Invoicing**

- Please use only invoices provided by the Passport Agency (Appendix A);
- Only submit invoices for expenses incurred with the current fiscal year;
- **Invoices must be fully completed.** We cannot process invoices that are incomplete or missing required information. Incomplete invoices will be returned to you and your payment will be delayed. You must include on every invoice information about each worker who provides you with a service. We are looking for basic information such as the worker's name and dates that services were provided.
- Use one invoice per worker

### **Activities:**

- For activity expenses please provide official itemized receipt;
- Hand written receipts will be accepted provided they include date, itemized expense, printed vendor name and contact information;
- Please calculate total receipt expenses and include amount on invoice;
- Annual memberships/seasonal tickets will be considered for reimbursement within the fiscal year (April 1 to March 31);
- Alcohol or gambling will not be reimbursed.

### **Transportation:**

- To claim transportation expenses please complete and attach transportation expense form (**Appendix B**) with invoice.
- Bus passes/fare and taxi fares are also an allowable expense (official receipts must be submitted).

### Support Worker Meals:

- Meal expenses must be accompanied with an official itemized receipt
  - Please calculate total receipt expenses and include amount on invoice
  - Expense limit is: \$11 Breakfast, Lunch \$15, Dinner \$25
  - Alcohol expenses will not be reimbursed

### Respite Workers:

- Use one invoice per worker;
  - On each invoice, clearly print worker's name and phone number. The worker must sign the invoice.
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- ❖ Invoices can be: **mailed, scanned and e-mailed\***, **faxed or dropped off (after hour's mailbox available)**, to the address indicated on the invoice form. If you send invoices and receipts by fax or email, you are not required to send originals though please ensure that you keep the original receipts/invoices in case of an audit. Due to email size limits, please keep the size of your emails under 9 MB.
    - **Note:** When invoicing via email sender will receive email confirmation of receipt from Passport office within 24 hrs. If confirmation is not received please contact the Passport office a.s.a.p. to avoid delayed payment.
  - ❖ Passport is a reimbursement program. Invoices must be submitted **after** the last date of service listed on the invoice.
  - ❖ Invoices must be submitted **at least once per month**.
  - ❖ Additional blank invoices:
    - Copies are acceptable;
    - Forms available at our website: [www.Handsthefamilyhelpnetwork.ca](http://www.Handsthefamilyhelpnetwork.ca).
    - Contact [passport@handstfhn.ca](mailto:passport@handstfhn.ca);
  - ❖ Expenses submitted for a Person Directed Plan must be accompanied by a receipt and signed invoice from the *provider*.

## **Processing**

- For payment allow up to **30 business days** from the date your invoice is received by Hands TheFamilyHelpNetwork.ca, North Bay office;
- Invoices are processed on a bi-weekly basis.
- If you are **new to the program**, please allow 30 business days for a deposit from the date we receive your banking information.

## **Banking**

Reimbursements are direct deposit. Please provide;

1. A void cheque with the name of the primary caregiver, or person acting on behalf of a person with a developmental disability printed by the bank.

**OR**

2. A direct deposit form printed by your bank containing the primary caregiver's (or person acting on behalf of a person with a developmental disability) name and banking information.

**OR**

3. The Passport Agency can provide you with an electronic funds transfer form

If you need to change your banking information, we require a signed/dated letter requesting that banking information to be changed. Please attach one of the above forms with your new banking information.

## **Name Change for Contract Administrator**

- **If you change your name, you must notify our office and provide government-issued documents as proof of identity.**
  - Acceptable ID includes birth certificate, marriage certificate or a valid driver's license.
- As this information needs to be verified, you will need to bring the originals with you to our office to meet with us in order for a "True Certified Copy" to be placed in your file.
- Please allow 30 business days for the change to take place.

## **Address Change**

- If you change your address, please inform our office.

## **Keep Track of Your Account Balance**

- Individuals may not invoice their Passport Agency over their approval amount.
- You may wish to use the “Invoice Tracking Form” **Appendix C** provided in this package to track your spending so that you do not spend more than your approved amount of funding in each fiscal year.

## **Contact Information**

**Please contact your Passport Agency** for information about the Passport program, if you require more blank invoices, if your address changes or if you have questions about what expenses are considered eligible under Passport.

**For addition information about the Passport Program, please contact:**

[passport@handstfhn.ca](mailto:passport@handstfhn.ca)

[www.thefamilyhelpnetwork.ca](http://www.thefamilyhelpnetwork.ca)

### **Other Contact Information:**

**Passport coordinators: Jackie Orlando and Janine Besserer**

**Hands TheFamilyHelpNetwork.ca  
Passport Program – North East Region**

222 Main Street East  
North Bay, ON, P1B 1B1  
Phone: (705) 476-2293  
Toll-Free 1-800-668-8555  
FAX: 705-495-1373

Sample

Passport Program Invoice  
April 01, 2016 to March 31, 2017

APPENDIX "A"  
\* Mandatory

Individual's Name:

Caregiver's Name:

\*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/YY YY)	Date To (DD/MM/YY YY)	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:



*Sample*

**Appendix B**

**PASSPORT**

**PROGRAM**

**Transportation Expenses**

For each date/activity indicate the number of kms and choose one of the payment methods below:

Date	Details of Activity	Total Kms.	Cost Per Km.	Flat Rate	Gas Receipts	Bus/Cab Receipts	Sub-Total
						<b>Grand Total</b>	

**Notes:**

1. Transportation expenses are covered only when the recipient is in the vehicle;
2. Maximum rate is .43 per k/m;
3. Flat Rate (total value cannot exceed maximum allowable mileage rate of .43 per k/m);
4. Gas Receipts (total value cannot exceed maximum allowable mileage rate of .43 per k/m).

***Transfer the Grand Total amount to your passport invoice.***



## Appendix C

### Keeping Track of Your Account Balance

- Individuals receiving direct funding may not invoice Hands TheFamilyHelpNetwork.ca for an amount that is not within the approved amount.
- You may wish to use an “Invoice Tracking Form” to track your spending. This will *not allow* you to spend more than your approved amount of funding.

### *Sample*

<b>Invoice Tracking Form For Passport</b> <i>PLEASE DO <u>NOT</u> RETURN THIS FORM WITH YOUR INVOICES</i>					
Community Participation Supports			Caregiver Respite		
Total Funding Approval For (2015-16)	\$10,000		Total Funding Approval For (2015-16)	\$5,000	
Date Invoice Submitted	Invoice Amount \$	Remaining Balance CPS	Date Invoice Submitted	Invoice Amount \$	Remaining Balance CGR
April 7/15	\$250	\$9,750	April 7/15	\$125	\$4,875
May 10/15	\$150	\$9,600	May 10/15	\$ 75	\$4,800
June 1/15	\$125	\$9,475	June 1/15	\$100	\$4,700