

## Support Worker Claim Form

Please note we require one form to be completed for each Support Worker. In order to process the claim we require that you complete all dates for services worked, and all required signatures must be completed.

Claim Processors cannot determine services provided based on the description of Respite or Community Participation Supports only. Please ensure you are also including a brief description of the activity being provided.

<b>Passport Recipient's Name: Monica Henry</b>
<b>Primary Contact's Name: Layla Henry</b>
<b>Support Worker's Name: Sonia Patel</b>

Dates Worked:	Hours Worked:	Hourly Rate or Flat Rate:	Total Amount:	Description of Activities: (Please include specific services provided)
April 1 <sup>st</sup> , 16	4	15.00	60.00	Respite: Support with meals and hygiene
April 10 <sup>th</sup> , 16	6	15.00	90.00	Community: Trip to Hamilton Art Gallery
April 14 <sup>th</sup> , 16	4	15.00	60.00	Respite: Parental Relief
April 18 <sup>th</sup> , 16	6	15.00	90.00	Community: Niagara Butterfly Conservatory/Lunch
April 22 <sup>nd</sup> , 16	4	15.00	60.00	Community: Movies and Dinner
April 28 <sup>th</sup> , 16	2	15.00	30.00	Respite: Teaching Guitar Lessons in home
April 29 <sup>th</sup> , 16	2	15.00	30.00	Respite: Parental Relief
<b>TOTALS:</b>	<b>28</b>	<b>15.00</b>	<b>420.00</b>	<b>TOTAL AMOUNT CLAIMED: 420.00</b>

By signing below, I verify that I have provided the services described above, I am over 18 years of age and I am not the primary caregiver. I will ensure that any and all provincial and federal legislation is adhered to including withholding, remitting, and reporting taxes and benefits where applicable.

<b>Support Worker Signature:</b>	<b>Date:</b>
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I hereby certify that I have received the above services. I fully understand that it is my responsibility to pay the above-named person. I have not previously submitted this claim.

<b>Primary Contact Signature:</b>	<b>Date:</b>
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