

Support Worker Claim Form

Please note that 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 CPS only. Please ensure you are also including a brief description of the activity being provided.

Passport Recipient's Name:
Primary Contact's Name:
Support Worker's Name:

Dates Worked:	Hours Worked:	Hourly Rate or Flat Rate:	Total Amount:	Description of Activities: (Please include specific services provided)
TOTALS:				TOTAL AMOUNT CLAIMED:

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 any and all provincial and federal legislation is adhered to including withholding, remitting, and reporting taxes and benefits where applicable.

Support Worker Signature:	Date:
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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.

Primary Contact Signature:	Date:
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