

# Halton Support Services

Driving innovation and excellence in specialized services  
for individuals with developmental disabilities

Accredited Organization Since 2012

53 Bond Street, Oakville, ON L6K 1L8  
Phone 905-844-7864 ext. 434  
Fax 905-849-6980  
E-mail: [hssinfo@cwsds.ca](mailto:hssinfo@cwsds.ca)  
Toll Free: 1800-600-2013

Office Use

- DD  
 Other

## Invoice

Email Invoices to [hssinfo@cwsds.ca](mailto:hssinfo@cwsds.ca)

PAYABLE TO: Parent <input type="checkbox"/> Worker/Service(s) Provider <input type="checkbox"/>	Invoice must be signed by both the parent/guardian								
INDIVIDUAL'S NAME :									
PARENT/GUARDIAN NAME:				WORKER/SERVICE(S) PROVIDER					
ADDRESS:									
TELEPHONE NO:				TELEPHONE NO:					
PAYMENT TO BE MADE FROM THE FOLLOWING FUNDS:						AGE OF INDIVIDUAL			
<input type="checkbox"/> SPECIAL SERVICES AT HOME	<input type="checkbox"/> HSS RESPITE FUNDS <input type="checkbox"/> Support in my home <input type="checkbox"/> Support in my worker's home		<input type="checkbox"/> OTHER	<input type="checkbox"/> PASSPORT/ RPDG	CHILD (0 to 18) <input type="checkbox"/>		ADULT (18+) <input type="checkbox"/>		
	DATES WORKED	# OF HOURS WORKED	RATE OF PAY	SUB TOTAL	DATES WORKED	# OF HOURS WORKED	RATE OF PAY	SUB TOTAL	
				Total (hourly or daily rates)					
			# of hours/days	X			=		
					rate of pay				TOTAL

I confirm that the above information and worker/service provider's payments are with the terms under which this funding is approved

X _____ Parent/Guardian Signature	_____ Date	X _____ Worker/Service Provider(s)
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**FOR OFFICE USE ONLY**

Checked By:          GL Code:

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## Family Feedback

Have you ever accessed [www.respiteservices.com](http://www.respiteservices.com)?

Yes  No

To find a worker?

Yes  No

To gather information on programs?

Yes  No

Overall, what kind of experience was this support for you/your family?

Satisfied

Slightly Satisfied

Dissatisfied

Do you feel you are getting the appropriate resources to be able to utilize your respite funds?

Satisfied

Slightly Satisfied

Dissatisfied

## WORKER FEEDBACK

Are you getting adequate information to provide support to the individual you work with?

Very Satisfied

Satisfied

Dissatisfied

Would you provide support to this individual again?

Yes  No

Comments/concerns or information you would like to share?

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**Note:** Any further comments can be directed to HSS by email to [hssinfo@cwsds.ca](mailto:hssinfo@cwsds.ca)

All invoices must be received by the "Invoice Due Date" to be considered for payment.

## **Respite**

Invoices must be received 7 business days prior to the direct deposit dates

Direct deposit dates are on the 5<sup>th</sup> and the 21<sup>st</sup> of each month.

**SSAH** Please refer to the schedule provided to Parent/Guardians or contact the office for schedule