**HALTON SUPPORT SERVICES PAYMENT SCHEDULE 2019-2020**

**Special Services At Home**

Invoices are due on the “Invoice Due Date” to be eligible for payment on direct deposit dates. Invoices received after the “Invoice Due Date” each month will be processed the following month. Payments are made by direct deposit . If you have not previously received direct deposit please provide a void cheque or direct deposit slip (obtainable at your bank) for the person we are paying along with the invoice.

|  |  |
| --- | --- |
| **INVOICE DUE DATE** | **DIRECT DEPOSIT DATE** |
| Tuesday May 7, 2019 | Friday May 24, 2019 |
| Tuesday June 4, 2019 | Wednesday June 26, 2019 |
| Thursday July 4, 2019 | Wednesday July 24, 2019 |
| Wednesday August 7, 2019 | Friday August 23, 2019 |
| Thursday September 5, 2019 | Wednesday September 25, 2019 |
| Friday October 4, 2019 | Friday October 25, 2019 |
| Tuesday November 5, 2019 | Monday November 25, 2019 |
| Tuesday December 3, 2019 | Tuesday December 24, 2019 |
| Friday January 3, 2020 | Friday January 24, 2020 |
| Tuesday February 4, 2020 | Tuesday February 25, 2020 |
| Friday March 2, 2020 | Tuesday March 24, 2020 |
| Friday March 1, 2020  Please predetermine the hours for the whole month of March. Complete a separate invoice and submit by March 1, 2020. Payments for March hours will be made in April 2020. | Wednesday April 22, 2020 |

**INVOICES AND TIME SHEETS CAN BE FAXED, E-MAILED, MAILED OR DROPPED OFF AT:**

**Halton Support Services**

**53 Bond St, Oakville, Ontario, L6K 1L8**

**(Main Floor Switch Board)**

**Phone: 905-844-7864 x434 Fax: 905-849-6980**

**E-mail:** [**hssinfo@cwsds.ca**](mailto:hssinfo@cwsds.ca)

**HALTON SUPPORT SERVICES**

**Transfer Payment Agency – Special Services at Home**

**Letter of Understanding**

**2019 – 2020**

This ‘Letter of Understanding’ is to ensure that families/guardians are aware that workers are not employees of Halton Support Services.

The family/guardian is responsible for ensuring their satisfaction with the worker initially before engaging them. Once the worker is engaged, it is the family’s/guardians responsibility to monitor the performance of the worker and to ensure the worker is meeting the requested expectations.

For service provided, the undersigned hereby agrees to waive any claims, actions or proceedings of any kind against Halton Support Services or Central West Specialized Developmental Services or any of their respective directors, officers, members, employees, agents, divisions, predecessors, successors or assigns (hereinafter collectively referred to as the ‘Released’) arising out of or as a result of my/our participation in or involvement with Special Services at Home Program, including, but not limited to, my/our use of service providers funded through this program. The undersigned hereby agree to release the Released from any such claims, actions or proceedings.

**Signed this \_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 20\_\_\_\_.**

**Name of Individual Receiving Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please Print)**

**Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return to: Halton Support Services**

**53 Bond Street**

**Oakville, ON L6K 1L8**

**Phone: 905-844-7864/1-800-600-2013**

**Fax: 905-849-6980**

**E-mail:** [**hssinfo@cwsds.ca**](mailto:hssinfo@cwsds.ca)