

Ontario Passport Program

Support Worker Information Form

<input type="checkbox"/>	Initial
<input type="checkbox"/>	Update



Effective Date:

Client information:

Name:	
Client code:	

Support Worker information:

Name:	
Relationship to the client:	
Home phone number:	
Cellphone number:	
Address:	
Email address:	

Are you currently acting as the Support Worker for another Passport client? (Yes/No): _____

<input type="checkbox"/>	I confirm that I am not the Primary Caregiver or Spouse of the Primary Caregiver
<input type="checkbox"/>	I confirm that I am not the Parent or Step Parent of the client.
<input type="checkbox"/>	I confirm that I am not the Spouse of the client.
<input type="checkbox"/>	I confirm that I am not a Payee for the client.
<input type="checkbox"/>	I confirm that I am 18 years of age or older.
<input type="checkbox"/>	I confirm that I am not the Person Managing Funds for the client.
<input type="checkbox"/>	I confirm that I am not an individual or family who is receiving financial compensation from the Ministry to provide residential arrangements, supports or care for an adult with a developmental disability through a Ministry-funded service agency (e.g. Adult Protective Service Worker, LifeShare).

I understand that I may be contacted at any time by the Passport agency to confirm details of the services/supports provided to the above-named client. The Passport agency may suspend or terminate funding where the individual receiving or managing Passport funding does not comply with the terms and conditions of the Passport Service Agreement.

Signature of Support Worker

Date

Person Managing Funds authorization:

I confirm that the above-named Support Worker provides services/supports to the above-named client.

First and last name of Person Managing Funds (please print)

Signature of Person Managing Funds

Date