

# Halton Support Services

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

Office Use
DD
Other

## Support Worker Invoice

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

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

Please note that payments for worker's services will be made directly to the parent/caregiver, person supported or other approved recipient				Invoice must be signed by both the parent/caregiver/person supported & worker/service provider. Parent/caregiver/person supported is responsible to reimburse the worker for all hours worked			
PAYABLE TO: Parent      Person Supported      Other				WORKER/SERVICE(S) PROVIDER :			
PERSON'S NAME:				TELEPHONE NO:			
PARENT/CAREGIVER NAME:							
ADDRESS:							
TELEPHONE NO:							
EMAIL:							
PAYMENT TO BE MADE FROM THE FOLLOWING FUNDS:						AGE OF PERSON SUPPORTED	
SPECIAL SERVICES AT HOME		HSS RESPITE FUNDS Support in my home Support in my worker's home		OTHER		PASSPORT/ RPDG	
CHILD (0 to 18)		ADULT (18+)					
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)			
				_____ X _____ = _____ # of hours/days      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 \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_  
Parent/Caregiver/Person Signature      Worker/Service Provider(s)

**FOR OFFICE USE ONLY**

Checked By: \_\_\_\_\_ GL Code: \_\_\_\_\_