Extend-A-Family
WATERLOO REGION

CHILD FUNDING REIMBURSEMENT FORM
(Funding Transfer Form)

Extend-A-Family WR
91 Moore Ave
Kitchener, ON, N2H 3S4
invoices@eafwr.on.ca

Child's Name: _____ Parent/Caregiver Name: _____
(First and Last Name) (First and Last Name)

Address: _____ EAFWR Coordinator: _____
(If you have moved, please notify your Coordinator)

Funding Source: ☐ SSAH ☐ Enhanced Respite/MFTD ☐ Respite ☐ Other: _____

Instructions:

- Always use this page as the first page for reimbursement of any invoices/receipts.
- Signatures, phone numbers, invoices or receipts are required for ALL reimbursements.
- All banking information must be provided to your Support Coordinator in advance, including for service providers.
- **For additional instructions and resources for filling out this form please speak to your Support Coordinator or visit: https://eafwr.on.ca/forms/family-forms/**
- **Submit invoices electronically by e-mail to: invoices@eafwr.on.ca**
- **Submit invoices by mail or in-person at: 91 Moore Ave, Kitchener, ON, N2H 3S4.**

Reimbursement Direction:

	Who Do We Pay?	Name	Amount
A	Total Reimbursement to **Parent/Caregiver:**		
Amounts Entered Below are Payable Directly to the Service Providers (Contact your Support Coordinator in advance to arrange for a Service Provider to be set-up as a Payee.)			
B	**1st Service Provider**:		
C	**2nd Service Provider**:		
D	**3rd Service Provider**:		
Total of All Reimbursement:		**(A + B + C + D)**	

Signature:

I, _____, hereby acknowledge and agree that the Service Provider(s)
(Name of Parent/Caregiver, please print)
have provided these services to the Child/Family in accordance with funding guidelines.

I authorize to pay THE TOTAL FEES indicated above to the Independent Service Provider(s) directly using my available funding administered by EAFWR pursuant to my FUNDING SERVICE AGREEMENT with EAFWR. I furthermore agree that I will cover any portion of the fees that exceed the available funding.

_____ _____
Parent/Caregiver Signature Date of Submission

Child's Name: _____ Parent/Caregiver's Name: _____
(First and Last Name) (First and Last Name)

RESPITE / SUPPORT WORKER

Dates of Service	# of Hours	Hourly Rate	Amount Paid	Respite / Support Worker		
				Print Name	Phone Number	Signature *
TOTALS	0.00		$ 0.00			

* I acknowledge and agree that I am an independent service provider and I have provided services as described above to the Child as agreed with the Parent/Caregiver and am solely responsible for the quality, appropriateness, and safety of such services. I furthermore agree that I am not in an employment relationship with the Child and/or Parent/Caregiver, or any other entity in respect of the services to the Child. I am responsible for reporting my own earnings, maintaining my own records regarding the funds transferred to me, making any remittances, paying any taxes, maintaining my own insurance in respect of any injuries I may sustain while performing the services. I hereby agree to release, hold harmless and indemnify the Child and/or Parent/Caregiver and any agent, or Transfer Payment Agency acting on behalf of or supporting the Child or the Parent/Caregiver, in respect of any harm, loss, claim, cause of action, fines, penalty, demand, interest, costs or liability that may arise as a result of or in relation to my performance of the services. I also acknowledge that the Parent/Caregiver may pay this invoice by directing a Transfer Payment Agency to issue payment to me on his/her/their behalf.

Child's Name: _____ Parent/Caregiver Name: _____
(First and Last Name) (First and Last Name)

PROGRAMS, CAMPS, AND MEMBERSHIPS

Name of Program/Camp/Membership	Date(s) of Service	Cost	Receipt Attached
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
	TOTAL	$ 0.00	

LIGHT HOUSEKEEPING AND YARD WORK (SNOW REMOVAL, LAWN MOWING, etc.)

Type of Service	Date(s) of Service	Cost	Service Provider Print Name	Signature, Phone Number, or Receipt
	TOTAL	$ 0.00		

Child's Name: ______________________________ Parent/Caregiver's Name: ______________________________

(First and Last Name) (First and Last Name)

ELIGIBLE ITEMS PURCHASED – i.e. Technology*, Home-Based Activities, Sensory, PPE, etc.
Link to Eligible Expenses: https://www.ontario.ca/document/special-services-home-program-guidelines

Item(s) Purchased	Place of Purchase	Date Purchased	Cost (Including Tax & Shipping)	Receipt Attached
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
		TOTAL	$ 0.00	

***Combined Technology expenses made in each fiscal year can be reimbursed up to a maximum of $1500.00 (or up to Contract total if approval amount is less than $1500.00).**