Extend-A-Family
WATERLOO REGION

CHILD EXPENSE REIMBURSEMENT FORM
(Funding Transfer Form)

Extend-A-Family
91 Moore Ave
Kitchener, ON N2H3S4
invoices@eafwr.on.ca

Child's Name: _____ Parent/Caregiver's Name: _____
Mailing Address: _____

If you have moved, please **notify your Support Coordinator**

Name of EAFWR Support Coordinator: _____

Funding Source: ☐ SSAH ☐ Enhanced Respite/MFTD ☐ 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 receipts must clearly show the following information: Purchase Date, Cost, Company Name. Must be fully itemized by products/services. Start and End dates required for camps and recreational programs.
- 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/**
- Expense Submissions are accepted through the following two formats:
  - Electronically by email to: **invoices@eafwr.on.ca**
  - By mail or in-person at: **91 Moore Ave, Kitchener, ON, N2H 3S4**

Name of Person EAFWR is Reimbursing		Total Amount of Claimed Expenses
	☐ **Primary Caregiver** ☐ **Third-Party Payee**	**$**

*If Paying a Third-Party Payee, arrangement must be made with Support Coordinator **prior to submission***
If your banking information has changed, please **notify your Support Coordinator**

Signature:

I, _____, hereby acknowledge and agree that the Service Provider(s)
(Name of Parent/Caregiver, please print)
have provided these services to the Person Supported 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: ______________________

Respite/Private Support Worker or Light Housekeeping, Yardwork, Snow Removal, etc.

Type of Service (Respite, Cleaning, etc.)	Date(s) of Service	Total Amount Paid ($)	Full Name of Private Worker or Service Provider	Phone # of Worker	Signature of Worker* (or receipt attached)
Total Amount Paid:		$ 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 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's Name: _____

All Other Expenses: Camps, Recreation Activities, Purchases (Tech, Supplies, etc.)

Date of Purchase (date that is on your invoice/receipt)	Dates of Service (dates of Camps or Programs)	Place of Purchase (Name of Store, Camp, etc.	Expense Name (Item or type of program/camp)	Total Amount Paid ($)
			Total Amount Paid:	$ 0.00