



Special Services at Home (SSAH) Other Expenses Form

Child's Name:	SSAH Authorization #:
Parent/Guardian's Name:	Telephone #:

DO NOT USE THIS FORM FOR RESPITE/HOME SERVICES - WORKER TO USE INDEPENDENT WORKER INVOICE FORM OR COMPANY/AGENCY CAN SUBMIT THEIR OWN INVOICE

Item # Write # on receipt to match	Date Date noted on your receipt	Expense Name Name of the item purchased	Expense Category Select how this expense supported the child to participate in:	Reason Add a reason for how this expense met your child/family's needs	Amount with HST if applicable
1			<input type="checkbox"/> day-to-day activities <input type="checkbox"/> activities of growth/development		
2			<input type="checkbox"/> day-to-day activities <input type="checkbox"/> activities of growth/development		
3			<input type="checkbox"/> day-to-day activities <input type="checkbox"/> activities of growth/development		
4			<input type="checkbox"/> day-to-day activities <input type="checkbox"/> activities of growth/development		
5			<input type="checkbox"/> day-to-day activities <input type="checkbox"/> activities of growth/development		
6			<input type="checkbox"/> day-to-day activities <input type="checkbox"/> activities of growth/development		
7			<input type="checkbox"/> day-to-day activities <input type="checkbox"/> activities of growth/development		
8			<input type="checkbox"/> day-to-day activities <input type="checkbox"/> activities of growth/development		
9			<input type="checkbox"/> day-to-day activities <input type="checkbox"/> activities of growth/development		
				TOTAL TO BE REIMBURSED	

Parent/Guardian's Signature:

For Office Use Only:

Approved:

Date:

Submit Expense Form by e-mail to invoices@rfecydurham.com with receipts attached with item number on receipt to match order above