



**CHILDREN'S COMMUNITY NETWORK
RÉSEAU COMMUNAUTAIRE POUR ENFANTS
BINOOJIIINH NAADMAAGEWZOWIN**

319 Lasalle Boulevard · Sudbury, Ontario · P3A 1W7 ☎ 705 566 3416 or 1 877 272 4336 📠 705 521 7376
 90 Gray Street · Unit 1 · Espanola, Ontario · P5E 1G1 ☎ 705 869 1564 📠 705 869 5631
 11 Meredith Street · P.O. Box 666 · Little Current, Ontario · P0P 1K0 ☎ 705 368 0756 📠 705 368 0771
 18 Birch Street · Chapleau, Ontario · P0M 1K0 ☎ 705 864 0860 📠 705 864 0488

PLEASE USE A SEPARATE INVOICE FOR EVERY RESPITE WORKER

Name of Respite Worker: _____ Child's Name: _____
 _____ Parent/Guardian: _____
 Address: _____ Address: _____
 City/Town: _____ Postal Code: _____ City/Town: _____ Postal Code: _____

IN-HOME RESPITE HOURS	OUT-OF-HOME RESPITE HOURS
Cost of the service of a worker who serves as a caregiver in the home of a developmentally and/or physically disabled child in the absence of the usual caregiver.	Cost of temporary care of developmentally and/or physically disabled child in a location other than his/her own home.

<i>Arrival DATE & TIME</i>	<i>Departure DATE & TIME</i>	<i>In-Home Rate</i>	<i># of In-Home Hours</i>	<i>Total Cost (In-Home)</i>	<i>Out of Home Rate</i>	<i># of Out of Home Hours</i>	<i>Total Cost (Out of Home)</i>
TOTALS							

RESPITE WORKER REGISTERED AT RESPITESERVICES.COM YES NO

I have provided the services described above.

I have received the services described above.

 (Respite Worker)

 (Parent/Guardian)

Approved By: _____
 (CCN Representative)

*Distribution: White copy - CCN Respite Program
 Yellow copy - Parent/Guardian
 Pink copy - Respite Worker*

Instructions for Completing Your Invoice

1. Follow the Pay Breakdown Schedule to determine the period for which the invoice should be covering.
2. Ensure that you use a separate invoice for every Respite Worker providing relief within the pay period.
3. Make sure to include all requested information including the name of the worker, name of the child, name of the parent/guardian, etc.
4. Indicate the date and time for which the worker started providing support and the date and time the worker finished
5. If the worker provided support in the child's home, enter the rate of pay, amount of hours worked and the total cost of relief under the In-Home Headings.
6. If the worker provided support out of the child's home, enter the rate of pay, amount of hours worked and the total cost of relief under the Out-of-Home Headings.
7. Ask the Respite Worker to confirm if he/she is registered with the CHAP Program at respiteservices.com and to sign the invoice.
8. Invoice to be signed by the Parent/Guardian.
9. Parent/Guardian to keep the yellow copy for his/her records and the Respite Worker to keep the pink for his/her records
10. Parent/Guardian to submit the original white copy of the invoice to your local Children's Community Network for payment.
11. Parent/Guardian to refer to the Pay Breakdown Schedule for deadline to submit the invoice and expected direct deposit pay date.