



STATEMENT OF ACCOUNT ADULT RESIDENTIAL RESOURCES For Daily User Charges

The personal information collected on this form is to be used for the administration of the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. Disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of information should be directed to your local Employment and Assistance Centre.

INVOICE NO. _____

1. BILLING FOR THE MONTH OF

YEAR	MONTH

2. PAYEE: (CONTRACTED NAME ONLY)

ADDRESS
POSTAL CODE
SUPPLIER TELEPHONE ()

3. FACILITY NAME (IF DIFFERENT FROM ABOVE)

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4. NON-PROFIT SOCIETY
 5. PROPRIETARY

6. LICENSE NO. _____ LICENSED CAPACITY _____

7. CERTIFIED THAT SERVICES WERE RENDERED AS STATED BELOW
 (PLEASE PRINT) NAME AND TITLE _____
 SIGNATURE _____ DATE YYYY MM DD _____



(A) NAME <small>GA FILE NO. (For MSD Use Only)</small>	(B) BIRTHDATE <small>YYYY MM-DD</small>	(C) NO. OF DAYS BILLED FOR	(D) DAILY RATE	(E) TOTAL CHARGED	(F) DEDUCT RECIPIENT CONTRIBUTION FOR THE MONTH (IF ANY)	E-F=(G) TOTAL BILLED
TOTALS						

DO NOT COMPLETE BELOW - MINISTRY USE ONLY

MIN 15	INVOICE NO. 031	16 INVOICE DATE YYYY MM DD	17 OCG SUPPLIER NUMBER	EXPENSE AUTHORITY I CERTIFY THAT THE AMOUNT TO BE PAID IS CORRECT, IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT; AND, WHERE APPLICABLE, OTHER CONDITIONS HAVE BEEN MET; I AS SPENDING AUTHORITY, WILL MONITOR CONTRACT PERFORMANCE AND ADVISE THE FINANCIAL AND ADMINISTRATIVE SERVICES BRANCH OF TERMINATION OR BREACH OF CONTRACT. SIGNATURE _____		
18	CONTRACT NO.	19 DUE DATE YYYY MM DD	20 AMOUNT			
21 RESP.	22 SERVICE LINE	23 STOB	24 PROJECT NUMBER	PRINT NAME _____ DATE YYYY MM DD _____		
THE GOODS PROVIDED OR SERVICES DELIVERED HAVE BEEN INSPECTED OR REVIEWED; AND THE GOODS OR SERVICES WERE PROPERLY RECEIVED AND DOCUMENTATION TO SUPPORT THE ACCOUNT HAS BEEN VERIFIED (I.E. GOODS: AS ORDERED, CORRECT QUANTITY AND SUITABLE QUALITY; SERVICES AS CONTRACTED, APPROPRIATE DELIVERABLES AND/OR PERFORMANCE CRITERIA MET; OR OTHER CONDITIONS, IF ANY, HAVE BEEN MET).				QUALIFIED RECEIVER SIGNATURE _____		PHONE ()
				PRINT NAME _____		OFFICE CODE

**COMPLETION INSTRUCTIONS - SD150A
STATEMENT OF ACCOUNT - ADULT RESIDENTIAL RESOURCES**

FACILITY

NUMBER 1 - 7

1. Enter the 'Year' first then the 'Month' to which the billing applies
2. Enter the name under which the Ministry has been **contracted** with.
3. Enter the name of the facility in which care is provided if different from above.
4. Check (✓) if non profit society.
5. Check (✓) if proprietary.
6. Enter the license number of the facility and licensed capacity number. If unlicensed, enter N/A (not applicable) in both boxes.
7. Facility signing officer must certify the information recorded is correct and the date he/she certified this information.

COLUMN A - F

- (A) Enter the name(s) of the client(s) being billed for. (More than one client may be used per form)
- (B) Enter the birthdate(s) of each client being billed for.
- (C) Enter the number of days that the client was in care during the period billed for.
- (D) Enter the daily rate.
- (E) Calculate the total charged based on the number of days the client was in care.
- (F) Enter the total dollar amount contributed by the client, and/or contributed on behalf of the client.
- (G) Subtract the amount shown in (F) from the amount shown in (E). Enter the answer in (G).

NOTE: DO NOT Balance forward (every page is separate).

TOTAL SEPARATELY, COLUMNS C,E ,F AND G. IN EACH "TOTAL" BOX, ENTER THE APPLICABLE FIGURE.

MINISTRY

NOTE: Ensure that the GA# is recorded for each client in column "A"

NUMBERS 16 - 23 - DO NOT USE A CODING BLOCK FORM

16. Invoice date - use date signed in box 7 whenever possible, otherwise use "Spending Authority" signing date. (FSB only)
17. Enter OCG Supplier Number. (FSB only)
18. Enter the assigned Contract Number used.
19. Payment due date - 30 days from "Branch Received Date" or per Ministry policy. (FSB only)
20. Enter amount payable from "Total" line, Column G.
21. Enter five digit Office Code.
22. Enter five digit Service Line identifying type of activity being billed for.
23. Enter the four digit Standard Object Code.
24. Enter the five digit Project Number (if applicable)

NOTE: Ensure Employment and Assistance Office Address is stamped in the upper right hand box before distributing to facilities.