

COMPLETION INSTRUCTIONS - HR0150A
STATEMENT OF ACCOUNT - ADULT RESIDENTIAL RESOURCES

SERVICE PROVIDER

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 service provider in which care is provided if different from above.
4. Enter the type of service provider.
5. Check box if service provider is non-profit.
6. Check box if server provider is proprietary.
7. Enter the license number of the facility and licensed capacity number. If unlicensed, enter N/A (not applicable) in both boxes.
8. Service provider 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.

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