



STATEMENT OF ACCOUNT ADULT RESIDENTIAL RESOURCES For Monthly 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.

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)

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

RETURN TO:

Table with columns: (A) NAME, (B) BIRTHDATE, (C) # OF DAYS, (D) MONTHLY RATE, (E) TOTAL CHARGED, (F) DEDUCT RECIPIENT CONTRIBUTION, (G) TOTAL BILLED. Includes GA FILE NO. and a TOTALS row.

DO NOT COMPLETE BELOW - MINISTRY USE ONLY

MINISTRY USE ONLY section containing invoice details, contract info, and signature lines for Expense Authority and Qualified Receiver.

**COMPLETION INSTRUCTIONS - HSD150B
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 monthly 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 Centre Address is stamped in the upper right hand box before distributing to facilities.