Parents – Direct Services Received

If you have any questions about the collection of this information, you may contact the child's Family Support for Children with Disabilities (FSCD) worker.

- **Complete a separate form for each separate service for each month.**
- **Submit this form along with the individual invoice.**
- **The parent/guardian must sign this form before payment can be made.**

Please select only one of the following to indicate what type of service was provided.

☐	Hourly Respite	☐	Specialized Services
☐	24 Hour Respite – Basic Need	☐	Behavioural Aide
☐	24 Hour Respite – High Need	☐	Developmental Aide
☐	Community Aide	☐	Homemaking
☐	Personal Care Aide	☐	Extraordinary Child Care (parents work/school related)

Child's Name _____

SERVICE PROVIDER INFORMATION

Agency Name:	***GREYSTOKE HOMES & SUPPORT SERVICES INC.*** *Staff Name(please print)*_____	Phone Number: 403.320.0911

Record of Direct Services Provided: Month:

Date		Times		Total Hours
		Start	End	

Date		Times		Total Hours
		Start	End	
Monthly Total				▷

I acknowledge that the above services have been engaged, and approved by myself. They have been provided and I am responsible to pay for them. Subject to prior approval through an Agreement with FSCD, FSCD may reimburse me by paying an agency for these services.

Parent/Guardian (PRINT NAME)	Signature of Parent/Guardian	Date
X	**X**	