Ontario Passport Program

Notification Form

☐ Initial
☐ Update



Client Information

Name:	
Client Code:	

Service Provider Information:

Service Provider name:		
Service Provider type: please select one	☐ Transfer Payment Recipient ☐ Service Agency ☐ Broker	
Relationship to the client (if Broker is selected):		
Start date:		
Annual funding amount to be administered:		
Administrative charge (up to 10%):		
Description of services and supports to be provided:		

Passport Agency contact information:

Passport Agency Name:	
Coordinator:	
Phone number:	
Email address:	

Person Managing Funds authorization:

By signing this form,

- I provide consent to the Passport program to reimburse the Passport funding amount to the Service Provider listed above, in exchange for supports and services provided or arranged by the Service Provider within the context of the Passport program guidelines.
- I understand that I may choose to amend the amount of funding or the Service Provider, at any time.
- I agree to notify the Service Provider of the termination of this agreement in accordance with the terms and conditions.
- I agree to notify the Passport Agency within 30 calendar days if the Client decides to terminate this agreement with the Service Provider.

_____

First and last name of Person Managing Funds (please print)

_____ _____

Signature of Person Managing Funds Date

Service Provider authorization:

Name:	
Role / Title:	
Phone number:	
Address:	
Email:	

By signing this form,

- I confirm that the details on this form are true and accurate.
- I confirm that the expenses submitted for reimbursement are admissible under the Passport program guidelines.
- I agree to submit invoices on a monthly or, at most, quarterly basis.
- I agree to provide services and supports to the Client in good faith, in the best interest of Client and in accordance with the Passport guidelines.

_____ _____

Signature Date