

LANARK HEALTH & COMMUNITY SERVICES
FAMILY RELIEF PROGRAM
30 Bennett St., Unit 1
Carleton Place, ON K7C 4J9
Phone: 257-7619 or 1-866-257-7618
Fax: 257-2209

Authorization to Redirect Administration of
Assistance for Children with Severe Disabilities/Special Services at Home Monies
Re: Regular Relief/Summer Relief

I, _____ (parent/legal guardian) authorize Margaret Bly, Ministry of Community, Family & Children's Services (M.C.F.C.S.) to send retro-active monies from Assistance for Children with Severe Disabilities, Special Services at Home (S.S.A.H.) or Enhanced Respite to Lanark Health & Community Services (L.H.C.S.). I also give Margaret Bly the authority to relay information to Lanark Health & Community Services concerning my ACSD/SSAH or Enhanced Respite benefits, as well as a copy of my ACSD/SSAH, Enhanced Respite application for their records.

I understand:

- i. That the Family Relief Program will be providing service and administering the funds on my behalf, and that there will be a ____% administration fee.*
- ii. That I will be responsible to ensure that throughout the year the Family Relief Program will be informed of any changes which might affect their access to available funding.*
- iii. That the Family Relief Program pays for services rendered and is then reimbursed.*

Re: _____
(Client's Name)

(Date of Birth)

(Signature of Parent Guardian)

(Date)

(Witness)

(Date)