

Ontario Passport Program

Person Managing Funds Form

<input type="checkbox"/>	Initial
<input type="checkbox"/>	Update



PP1PMF1

Effective Date: _____

Client information:

Name:	
Client code:	

Person responsible for managing funds (1):

<input type="checkbox"/>	I have reviewed and signed the <i>Service Agreement</i>
<input type="checkbox"/>	I am the legal substitute decision maker and/or have power of attorney (check if applicable & provide supporting legal documents)

Name:	
Relationship to the client:	
Home phone number:	
Cellphone number:	
Address:	
Email address:	

Person responsible for managing funds (2):

<input type="checkbox"/>	I have reviewed and signed the <i>Service Agreement</i>
<input type="checkbox"/>	I am the legal substitute decision maker and/or have power of attorney (check if applicable & provide supporting legal documents)

Name:	
Relationship to the client:	
Home phone number:	
Cellphone number:	
Address:	
Email address:	

Primary caregiver(s) information (if different from above):

Name(s):	
Relationship(s) to the client:	
Home phone number:	
Cellphone number:	
Address:	
Email address(es):	

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Funding options (select one or more options):

<p>Reimburse the funds to an agency I would like an agency to manage some, or all, of my Passport funding directly. I understand the agency will submit invoices to PassportONE for reimbursement. The agency can charge up to 10% of the Passport funds as an administration fee. <i>Please complete the TPA or Service Agency Notification form.</i></p>	
<p>Reimburse the funds to a broker I will hire someone to act as my broker to manage my Passport funds. My broker will be responsible for submitting invoices and receipts to PassportONE for reimbursement. My broker can charge up to 10% of my Passport funds as a broker fee. <i>Please complete the Broker Notification form.</i></p>	
<p>Self-administer the funds I will manage the funds myself, or ask a family member or friend to be responsible for submitting invoices and receipts to PassportONE for reimbursement. <i>Please complete the Payee Information Form.</i></p>	

Legacy contact:

If the person managing the funds becomes unable to manage the Passport funding due to unforeseeable circumstances (such as incapacity or death), the following individual may be contacted to ensure continuation of service:

Name:	
Relationship to the client:	
Home phone number:	
Cellphone number:	
Address:	
Email address:	

Signatures:

I agree to be responsible for managing the Passport funding for the above-named client, including submitting invoices and receipts in accordance with the Passport program guidelines.

 Signature of Person managing funds #1

 Date

 Signature of Person managing funds #2

 Date