Ontario Passport Program

Person Managing Funds Form

Initial		
Update		
•		
Effective Date: _		
Client informatio	n:	PP1PMF1
Name:	п.	
Client code:		
Person responsi	ble for man	aging funds (1):
I have review	wed and sig	ned the Service Agreement
I am the lega	al substitute	decision maker and/or have power of attorney (check if applicable &
_		documents)
Name:		
Relationship to the client:		
Home phone number:		
Cellphone numb	er:	
Address:		
Email address:		
Person responsi	ble for man	aging funds (2):
I have review	wed and sig	ned the Service Agreement
L am the leg	al substitute	decision maker and/or have power of attorney (check if applicable &
_		documents)
	3 - 3 -	,
Name:		
Relationship to the	ne client:	
Home phone nur	nber:	
Cellphone numb	er:	
Address:		
Email address:		
Drimary carogive	r(c) inform	ation (if different from above):
Name(s):	1(5) 111101111	ation (if different from above):
Relationship(s) to the client:		
,		
Home phone number:		
Cellphone numb	er:	
Address:		
Email address(e	3).	

Associated Forms: Service Agreement and appendices, Support Worker Information Form, Payee Information Form, Notification of TPA Form, Notification of Service Agency Form, Notification of Broker Form

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unding options (select on	e or more options):		<u>, </u>		
Reimburse the funds to	0 ,				
		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. Please complete the	「PA or Service Agen	cy Notification form.			
broker will be responsible	as my broker to mana for submitting invoice oker can charge up to the the Broker Notifica s yself, or ask a family invoices and receipts	member or friend to be s to PassportONE for			
	_				
	s (such as incapacity	e to manage the Passport funding or death), the following individual			
Name:					
Relationship to the client:					
Home phone number:					
Cellphone number:					
Address:					
Email address:					
-		ort funding for the above-named clith the Passport program guideline			
Signature of Person manag	ing funds #1	Date			
Signature of Person managing	na funde #2				