

# Ontario Passport Program

## Support Worker Information Form

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



Effective Date:

### Client information:

Name:	
Client code:	

### Support Worker information:

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

<input type="checkbox"/>	I confirm that I am not the Primary Caregiver or Spouse of the Primary Caregiver
<input type="checkbox"/>	I confirm that I am not the Parent or Step Parent of the client.
<input type="checkbox"/>	I confirm that I am not the Spouse or Partner of the client.
<input type="checkbox"/>	I confirm that I am not a Payee for the client.
<input type="checkbox"/>	I confirm that I am 18 years of age or older.
<input type="checkbox"/>	I confirm that I am not the Person Managing Funds for the client.
<input type="checkbox"/>	I confirm that I am not an individual or family member who is receiving financial compensation from the Ministry to provide supportive living arrangements, supports or care for an adult with a developmental disability through a Ministry-funded transfer payment recipient, the Adult Protective Service Worker program, or the Host Family program.

I understand that I may be contacted at any time by the Passport agency to confirm details of the services/supports provided to the above-named client. The Passport Agency may suspend or terminate funding where an individual receiving or managing Passport funding does not comply with the terms and conditions of the Passport Service Agreement and Passport program guidelines.

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Signature of Support Worker

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Date

**Person Managing Funds authorization:**

I confirm that the above-named Support Worker provides services/supports to the above-named client.

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

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Signature of Person Managing Funds

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Date