

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:	_____

Are you currently acting as the Support Worker for another Passport client?: Yes No

<input type="checkbox"/>	I confirm that I am not the Primary Caregiver or Parent 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

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.

Signature of Support Worker

Date

Person Managing Funds authorization:

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

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

Signature of Person Managing Funds

Date