

Ontario Passport Program

Notification of Transfer Payment Agency Form

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



Client information:

Name:	
Client code:	

Transfer payment agency information:

Agency name:	
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Details of annual Passport funding amount to be reimbursed to the TPA:

Start date:	
Annual funding amount approved for reimbursement:	
Administrative charge (up to 10%):	
Description of services and supports to be provided:	

Passport program contact information:

Primary contact:	
Phone number:	
Email address:	

Ontario Passport Program

Person Managing Funds authorization:

By signing this form, I provide consent to the Passport program to reimburse the Passport funding amount to the agency listed above, in exchange for supports and services within the Passport program guidelines. I understand that I may choose to amend the amount of funding or the agency, at any time. Further, I agree to notify the Passport agency within 30 days if the services and supports provided by the agency are no longer being used.

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

Person Managing Funds Signature

Date

Transfer Payment Agency authorization:

Name:	
Role / Title:	
Phone number:	
Address:	
Email:	

The transfer payment agency details on this form are true and accurate. I have read and understood the TPA Memorandum of Understanding between the above-named agency and Family Service Toronto, the PassportONE service to whom all invoices will be submitted.

Transfer Payment Agency representative signature

Date

TO BE COMPLETED TO END THE AGREEMENT ABOVE:

Dissolution of Agreement with Transfer Payment Agency

By signing below, I confirm that the agreement with the above-named Transfer Payment Agency is hereby terminated as of: _____ and provide my consent for the Passport Agency to inform the Transfer Payment Agency that the agreement has been terminated.

Person Managing Funds Signature

Date