

**DEPARTMENT OF INDIGENOUS SERVICES CANADA
DECLARATION FORM FOR MENTAL HEALTH SERVICES – CHRT ORDER par. 426**

This declaration of reimbursement is to be used when the original receipt is not available and the service provider is not able to provide confirmation that the services were rendered.

Please submit this form along with the
REIMBURSEMENT FORM FOR MENTAL HEALTH SERVICES – CHRT ORDER par. 426

| SECTION 1 – Claimant’s Information | |
|---|---------------------|
| Payment to: <input type="radio"/> Child over 16 years <input type="radio"/> Parent/Guardian <input type="radio"/> Authorized Representative of the Parent/Guardian <input type="radio"/> Tribal Council, First Nation Organization, Child and Family Service Agencies Or other, please specify _____ | |
| Name: | |
| Street Address: | |
| City/Community: | Province/Territory: |
| Postal Code: | Telephone Number: |
| Email Address: | |
| Mailing Address (if different from home/business address) | |
| Street Address: | |
| City/Community: | Province/Territory: |
| Postal Code: | |

| SECTION 2– Mental Health Services Expenses | | |
|--|--|-------------|
| | Please describe the mental health expenses incurred, including the date, the costs and any details related to the expense. | |
| Date and description of services and/or support received: | Names of who received the services | Cost |
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| Total Amount Claimed: | | |

| SECTION 3– Declaration | |
|---|-------|
| I _____ declare that I have incurred the above noted mental health services expenses between January 26, 2016 and February 1, 2018 and the invoice/receipt is unobtainable. | |
| Print Name: | Date: |

Signature: