

PERSONAL SUPPORT WORKER PROGRAM 2026 – 2027

Summary of Hours Worked

Questions? Call 204-982-4842 or 800-416-6166

You can fax in the form 204-982-4844

Name of Applicant & Address (CPMB Member):* _____

***Important: Please complete name and full address**

Complete Support Worker Information:

Name of Support Worker: _____

Address:

Postal Code: _____ **Phone Number:** _____

Period for Which Services Were Provided: From ____ / ____ / ____ to ____ / ____ / ____
Day Month Year Day Month Year

Hours Worked:

Date	From	To	Total Hours
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	

I hereby acknowledge that the above hours are a true record of the date and times worked.

Signature of Support Worker

Signature of Applicant

REIMBURSEMENT ONLY

If the Applicant has paid the Support Worker directly, the Support Worker must sign below.

I hereby acknowledge that I have been paid by the Applicant for the above noted hours and a receipt is attached.

Date _____

Signature of Support Worker