



Winnipeg Regional Health Authority    Office régional de la santé de Winnipeg

4-650 Main St.  
Winnipeg, Manitoba  
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## WRHA – SELF and FAMILY MANAGER’S SEMI-ANNUAL FINANCIAL REPORT

This Semi-Annual Report is to be completed every September and March. This report is to be submitted irrespective of whether or not the Manager has any unexpended funds to remit to the Winnipeg Regional Health Authority (WRHA) and is due within three weeks following receipt of your bank statement for the above months. A cheque or money order for the unexpended funds exceeding two bi-weekly payments is to be enclosed with this report.

Self and Family Manager <i>(Print Name in Full)</i>	Address Phone (Home): _____
Clients Name if different than above	Phone (Bus.): _____
	Email Address: _____

\*\*\*\*\*

REPORTING PERIOD:                    MARCH    or    SEPTEMBER 20 \_\_\_\_\_  
*(Please circle one of the above)*

Bank Statement Date:                    \_\_\_\_\_

Enter closing balance shown on the above bank statement.                    \_\_\_\_\_ A

Deduct:                    Total amount of cheques written on or prior to statement date but have not cleared the bank.                    \_\_\_\_\_ B

Deduct:                    Any vacation pay held in trust for employee(s), or, any other applicable deductions. Please identify below.                    \_\_\_\_\_ C


Unexpended funds at bank statement date: **D = A – B – C**                    \_\_\_\_\_ D

Deduct:                    2 biweekly WRHA Payments, calculated as Current Bi-weekly amount \_\_\_\_\_ x 2                    \_\_\_\_\_ E

Amount to be returned to the WRHA: **F = D – E**                    \_\_\_\_\_ F

\*\*\*\* Note – if negative amount, show amount in brackets ( )

If line F is a positive amount, please make the cheque payable to the **Winnipeg Regional Health Authority**, in the amount shown on Line F and remit along with this form to:



**Winnipeg Regional Health Authority  
Attention: Pam Macaulay  
Finance Department  
4<sup>th</sup> Floor – 650 Main Street  
Winnipeg, MB R3B 1E2**

I, \_\_\_\_\_ Self and Family Manager under this Self and Family Managed Care Agreement, certify that I have:

- (a) retained all funds received pursuant to the Self and Family Managed Care Agreement in a separate chequing account,
- (b) in my possession all records, cancelled cheques, bank statements, receipts and invoices establishing all expenses, wages, deductions and remittances and any other information regarding the support services provide under the Self and Family Managed Care Agreement.

\_\_\_\_\_  
Self and Family Manager (Signature)

\_\_\_\_\_  
Date