



Toll Free: 1 844-424-4450  
Fax: 902 424-2325  
E-mail: FosterCareClaims@novascotia.ca

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FOSTER CARE SERVICES  
NOTIFICATION OF DAMAGES OR LOSS

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**PLEASE NOTE:  
ALL CLAIMS MUST BE SUBMITTED NO LONGER THAN 48 HOURS AFTER THE  
INCIDENT OR DAMAGED OCCURRED.**

To: Risk Management and Insurance Services  
Internal Services Department  
1672 Granville Street,  
PO Box 186  
Halifax, Nova Scotia

From: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Foster Care Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date Loss/ Damage Occurred: \_\_\_\_\_

Details Surrounding Loss/Damage:

*Please attach any invoices, receipts, or photos of the damage or loss.*