

Foster Parent/Respite Provider Claim Guide

The Foster Parent/Respite Provider Reimbursement Claim form is used to submit receipts for expenses pertaining to the ongoing care and respite of Children in Care.

Foster Parent and Respite Providers are to submit claims at least once a month. One Reimbursement Claim is completed for each child. Receipts shared by more than one child are to be split between claims and the receipts are included with each claim.

The Foster Parent or Respite Provider may attach pictures of receipts to the online tool or the email. It is not recommended that a picture of the Reimbursement Claim be submitted.

The Portable Document Format (pdf) of the Foster Parent/Respite Provider Claim form does not include formulas to complete the calculations.

Getting started

Obtain a blank copy of the Foster Care Reimbursement Claim form and collect all the receipts for which you intend to claim reimbursement.

Step 1

In Section 1: Enter the date of the earliest expense in the 'Claim Date From' space.

Step 2

In Section 1: Enter the date of the most recent expense in the 'Claim Date To' section

Step 3

In Section 2: Place a check mark next to either Primary Foster Parent or Respite Provider.

Step 4

In Section 3: Place a check mark next to the location closest to you. This section of the form identifies the location of one of the nine Financial Clerks who are responsible for processing Foster Parent Reimbursement Claims that are closest to the Foster Parent or Respite Provider. The answer to this section ensures that the claim and subsequent claims are sent to the same Financial Clerk for consistency in processing and communication. A Foster Parent or Respite Provider may submit a claim to any Community Services Office.

Step 5

In Section 4: Provide your contact information and the preferred method of contact. This will indicate to both the Financial Clerk and the Children in Care Supervisor how you are to be contacted should the Financial Clerk require further information or if the Children in Care Supervisor needs to advise you of a difference between the amounts claimed and the amounts approved.

Step 6

In Section 5: Provide the child details. It is necessary that Foster Parents or Respite Providers complete the information in this section to ensure that the Claim is processed within the ten-day time line. If a Respite Provider requires information to complete this section he or she should consult the Foster Parent or Foster Care Worker.

Enter the Child's name in the following format: 'First Name' and 'Last Initial'.

Step 7

In Section 6: Part A, Enter travel details. Please enter the entire 'From – To' street address including the city/town in the Travel Location column and total the Amount Claimed column at the bottom of the page. Please enter the purpose of the travel in the Description of Purpose column; e.g. Doctor's appointment.

In row 20 enter the Auto Payment amount. Calculate the total Amount Claimed and enter it as the Sub-total for Part A.

Step 8

In Section 6: Part B, enter other child maintenance expenses (excluding respite).

Enter expenses of the same type and enter a subtotal on the next line. For example, you may have three Baby Needs receipts. Enter each one on a separate line. On the fourth line enter a subtotal and subtract the auto payment once for each expense type. Then enter other expense types on the following lines.

Enter the Type of Reimbursable Expense e.g. Recreation. Description of reimbursable requires more details e.g. Baseball practice.

Enter a total in the 'Total Expenses (a)' column, less the Auto Payment(s) total in column (b), and the 'Amount Claimed (a)-(b)' column. Attach receipts for all expenses incurred.

Step 9

In Section 6: Part C, Enter the respite details. \$56.00 for the 1st 4 nights, also include regular board rate and special needs board rate if applicable. Total nights up to a maximum of 14 nights.

There are four tables in this section for four separate respite events. Should you have expenses for more than four respite events complete a second form following the date and time formats.

Step 10

In Section 7: Records the totals from parts A, B, & C.

Step 11

In Section 8: Sign and date the form. If submitting the form electronically, enter your name in the space provided. Be sure to click on the 'I agree' check box.