

**A Tradition of Caring  
Federation of Foster Families of Nova Scotia  
Participant Expense Claim**

**Date(s) of Workshop:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Names of Trainers:** \_\_\_\_\_

**Your name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Your mailing address:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Your Expenses:**

**\*Please complete Babysitting portion on reverse of this form.**

Date & Session (list each day separately)	Kilometres Travelled	Total Travel Cost (multiply 44.15¢ x km travelled)	Babysitting (bring forward from back of form)	Lunch	Miscellaneous (must explain below & attach receipts)	Total
<b>Totals:</b>						

**Explanation of miscellaneous items:** \_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_

**Signature of Social Worker:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTE:** Please complete *one Expense Claim for every 3<sup>rd</sup> Training Session (i.e. Session 1, 2 & 3; Session 4, 5 & 6 and Session 7, 8 & 9)* and submit to the ATOC Social Worker who will sign and forward this form to:

**Training Department  
c/o Federation of Foster Families of Nova Scotia  
99 Wyse Road, Suite 350  
Dartmouth, NS B3A 4S5**

# Babysitting Claim

**Number of Child(ren)-in-Care:** \_\_\_\_\_ **Ages:** \_\_\_\_\_

**Number of Biological/Adoptive Child(ren):** \_\_\_\_\_ **Ages:** \_\_\_\_\_

Date	From (a.m. or p.m.)	To (a.m. or p.m.)	Number of Hours	\$10.60/hour 1 <sup>st</sup> child. \$4.00/hour additional children (max of 4 children)

**Your Signature:** \_\_\_\_\_

- Children up to 12 years of age: \$10.60 per hour for the first child. The rate for each additional child is \$4 per hour for up to four children per household and a max of 10 hours per day.
- Please note: time relating to babysitting extends from 12:00am-12:00am (i.e. midnight to midnight is one full day). If babysitting is required overnight, this is considered 'respite' which is a maximum of \$56.00 for a 24-hour period.