

Foster Care Outreach Therapeutic Services

Date of Meeting: _____ **Location:** _____ **Time:** _____

Your Name: _____

Mailing Address: _____

Postal Code: _____ **Phone Number** _____

Email: _____

***Please complete Child Care portion on reverse of this form.**

| Date (list each day separately) | Kms travelled | Total Travel Cost (\$0.4415 x Km. Travelled) | Child Care (complete reverse & bring total forward) | Miscellaneous (Parking, etc. Attach receipts) | Total |
|------------------------------------|------------------|-------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------|-------|
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| | | | | | |
| Totals: | | | | | |

Explanation of miscellaneous items: _____

Signature: _____

Date submitted: _____

Approved by (Social Worker): _____

Please complete and submit expense sheet with receipts attached to:

**Accounts Payable
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)-in-care: _____ **Ages:** _____

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