

**UNDERSTANDING TRAUMA**  
**Federation of Foster Families of Nova Scotia**  
**Participant Expense Claim**

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

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

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

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

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

**Your Expenses:**

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

Date & Module (list each day separately)	Kilometres Travelled	Total Travel Cost (multiply 45.85¢ x km travelled)	Child Care (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 Trainer:** \_\_\_\_\_

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

**NOTE: Please complete and submit to the Trainer 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.