## FETAL ALCOHOL SPECTRUM DISORDER AND THE DEVELOPING BRAIN

## 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:			*Pleas	e complete Chi	ild Care portion on reverse (	of this form		
Date & Module (list each day separately)	Kilometres Travelled	Total Travel Cost (multiply .5770¢ x km travelled)	Child Care (bring forward from back of form)	Lunch	Miscellaneous (must explain below & attach receipts)	Total		
Totals:								
Explanation of miscella	neous items	:	<u> </u>					
•								
Signature of Participa	nt:							
Signature of Trainer:								
Date:								
					l 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: Number of Biological/Adoptive Child(		Age		
		ren):		
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)

• Children up to and including 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.

Your Signature:

- 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.
  - Child care for Children-in-Care over the age of 12 is considered "Youth Care" and is to be submitted to the Department of Community Services or Mi'kmaq Family & Children Services of Nova Scotia.
  - Child care for Biological or Adoptive Children over the age of 12 is to be submitted to the Federation of Foster Families and will be considered on a case-by-case basis.