

Association/Support Group Expense Form Federation of Foster Families of Nova Scotia

Your Name: _____ Month of Expense Report: _____

Mailing Address: _____

Postal Code: _____ Phone Number: _____

E-mail Address: _____

Your Expenses per month: **RECEIPTS ARE REQUIRED** for miscellaneous.

***Please complete Childcare portion on reverse of this form.

Date (list each day separately)	Description (location & reason for travel)	Kms travelled	Total Travel Cost (\$0.5838 x KMs travelled)	Childcare (complete reverse & bring total forward)	Miscellaneous (attach receipts)	Total
Totals:						

Explanation of miscellaneous items: _____

Signature: _____ Date submitted: _____

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): _____ **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)

Your Signature: _____

- **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.**
 - **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.**
- **Childcare 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.**
- **Childcare 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.**