Foster Care Outreach Therapeutic Services

ate of Meeting:		Location:	Time:_		
our Name:					
niling Address:					
stal Code:					
nail:					
ur Expense per month	n:		*Please	complete Child Care portion on r	everse of this for
Date (list each day separately)	Kms travelled	Total Travel Cost (\$0.5838 x Kms travelled)	Child Care (complete reverse & bring total forward)	Miscellaneous (Parking, etc. Attach receipts)	Total
otals:					
	-a : 4 aa			<u> </u>	
nature:			Dat	e submitted:	
proved by (Social Worke					
ase complete and submit	expense shee	t with receipts attached to:	Accounts Payable Federation of Foster Far 99 Wyse Road, Suite 350	nilies of Nova Scotia Dartmouth, NS B3A 4S5	

Babysitting Claim

umber 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)	

- 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.
- 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.