Updated April 2025

Foster Care Outreach Therapeutic Services

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

Your Name: _____

Mailing Address: _____ **City:** _____

Postal Code: _____ **Phone Number** _____

Email: _____

Your Expense per month:

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

Date (list each day separately)	Kms travelled	Total Travel Cost ($0.5932 x Kms travelled)	Child Care (complete reverse & bring total forward)	Miscellaneous (Parking, etc. Attach receipts)	Total
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: _____

Number of Biological/ Adoptive Child(ren): _____

Date	From (a.m. or p.m.)	To (a.m. or p.m.)	Number of Hours	$10.60/hour 1st child $4.00/hour additional children/youth/adult

Your Signature: _____ _____

Children, youth and or dependent adults who cannot be left unattended:

- **$10.60 per hour for the first child.**
- **$4 per hour for each additional child.**
- **There shall be a limit of 2 full days (48 hours max).**