



**Federation of Foster Families of Nova Scotia
Foster Care Outreach Expense Claim 2025-2026**

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

Your Name: _____ **Phone Number:** _____

Mailing Address: _____

City: _____ **Postal Code:** _____

Email Address: _____

Your Expenses: ***Please complete child care portion on the reverse of this form.**

Date (list each day separately)	Kilometres Travelled	Total Travel Cost (multiply .5932¢ x km travelled)	Child Care (bring forward from back of form)	Miscellaneous (must explain below & attach receipts)	Total
Totals:					

Explanation of miscellaneous items: _____

Signature: _____

Approved by Social Worker: _____

Date submitted: _____

Please submit to: Accounts Payable
c/o Federation of Foster Families of Nova Scotia
99 Wyse Road, Suite 350
Dartmouth, NS B3A 4S5



Babysitting Claim

Number of biological children/adults (**needing care today**) _____

Number of children in care (**needing care today**) _____

Children, youth or dependant 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).

	Date	From (a.m. or p.m.)	To (a.m. or p.m.)	Number of Hours (Max 48 hours)	Rate \$10.60/hour 1 st child. \$4.00/hour additional children/youth	Total (Number of hours x Rate)

Participant signature:_____