

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 needing childcare for this event: _____

Number of Biological/ Adoptive Child(ren) needing childcare for this event: _____

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/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).