

UNDERSTANDING TRAUMA
Federation of Foster Families of Nova Scotia
Participant Expense Claim

Date(s) of Workshop: _____ **Location:** _____

Module: _____ **Names of Trainers:** _____

Your name: _____ **Phone Number:** _____

Your mailing address: _____ **Postal code:** _____

E-mail address: _____

Your Expenses: ***Please complete Child Care portion on reverse of this form.**

| Date & Module (list each day separately) | Kilometres Travelled | Total Travel Cost (multiply 44.15¢ x km travelled) | Child Care (bring forward from back of form) | Lunch | Miscellaneous (must explain below & attach receipts) | Total |
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| Totals: | | | | | | |

Explanation of miscellaneous items: _____

Signature of Participant: _____

Signature of Trainer: _____

Date: _____

NOTE: Please complete and submit to the Trainer who will sign and forward this form to:

Training Department
c/o 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) |
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Your Signature: _____

- 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.