

CHILD CARE EXPENSE CLAIM FORM

Case Manager: _____

REPORTING PERIOD: → _____
Starting the 16th of month and ending on the 15th of next month
 (Example January 16, 2010 to February 15, 2010)

PARENT/GUARDIAN INFORMATION

Name:	→			
Address:	→			
	<small>Street Address</small>	<small>Town</small>	<small>Postal Code</small>	<small>County</small>
Phone Number :	→ ()	Date of Birth:		Marital Status:
		<small>(dd/mm/yyyy)</small>		

CHILD CARE PROVIDER INFORMATION

CHOOSE ONE → Licensed: <input type="checkbox"/> OR Unlicensed: <input type="checkbox"/> (Please attach official receipt to completed form)	
Name:	
Address:	
Phone Number:	

Name of Child(ren) Needing Care	Date of Birth of Child(ren) Needing Care

CONTINUED ON BACK (Back side must be completed and signed)

Date of Child Care	Name of Child(ren) Receiving Care	# of Hours of Care Per Day	Daily Child Care Cost	Reason Child Care Needed (Please check one.)					
				Work	Volunteer	Workshop	School	Other	Amount Approved
16									
17									
18									
19									
20									
21									
22									Office
23									
24									
25									Use
26									
27									
28									Only
29									
30									
31									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
TOTAL COSTS:				TOTAL COSTS APPROVED:				Office Use	
				MONTH ISSUED:				Only	

I declare the information given here to be accurate and complete.

Signature of Parent/Guardian	Date	Signature of Child Care Provider	Date

Note with Respect to the Collection of Personal Information
(Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the Ontario Works Act, 1997 and the Ontario Disability Support Program Act, 1997 for the purpose of administering the Ontario Government social assistance programs.