

The information you provide on this form is collected under the *Government Organization Act* and will be used to verify placement with a caregiver for funding purposes. The collection, use and disclosure of information is in compliance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, you may contact your local Child and Family Services Authority.

Applicant's	<i>surname</i>	<i>first name</i>	Claim Period (month/year)
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Relative Caregiver Declaration

Child's Name	Relationship to caregiver	Hours of care provided during this claim period	Funding received from the child's parent (\$)

- ➔ I declare that the above information is true and accurate.

- ➔ I declare that I have provided the hours of care as listed above for each child and received the funding amounts indicated for that care during this claim period.

Relative Caregiver Name (PRINT)	Date (yyyy/mm/dd)	Signature of Relative Caregiver
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Parent / Applicant Declaration

- ➔ I declare that the above information is true and complete.

- ➔ I understand that the Ministry of Human Services may verify the information on this form.

- ➔ I understand that giving false or incomplete information could result in recovery of funding.

Parent's/Applicant's Signature	Date (yyyy/mm/dd)
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FOR OFFICE USE ONLY - PAYMENT RECONCILIATION

Payment Recommended \$	Date (yyyy/mm/dd)	Assessor's Initials
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