



INFORMAL CHILD CARE

1. Please complete the invoice on the reverse side in full and return to our office for processing. The document must be completed in ink.
2. Child Care Providers must be 18 years of age or older. Providers cannot be the parent of the child.
3. If you have more than one child care provider you must complete an invoice for each provider.
4. You must be an approved participant of the Ontario Works Program to be reimbursed for expenses. Possession of this invoice does not guarantee payment.
5. The invoice must reflect the care authorized in advance by your Caseworker.
6. Each child's name, age, days in care and hours in care must be put on the form.
7. Verification of your attendance in the program must be submitted with this invoice.
8. Verification of payment for the previous months invoice must be submitted with this invoice.
9. The form must be signed by the Child Care Provider and you, and returned by mail or dropped off to 231 May Street South. If the form is not signed it will be sent back to you to be signed.
10. Invoices will be processed monthly and must be submitted by the 7th day of the month in order to process payment for the previous month.
11. A cheque will be issued for authorized care and for entitled participants.
12. The cheque will be made payable to you, not the Child Care Provider.
13. Please allow five (5) working days for the invoice to be processed. The cheques will be mailed and are not available for pick up.
14. Receipts for income tax are not issued by this office. This is a private arrangement between you and your Child Care Provider.
15. You are to notify your Caseworker immediately of any changes or if you terminate from the program.

Approved child care expenses may be applied up to the allowable monthly maximum with daily rates falling within the maximum guidelines below. Monthly maximum rates shall not exceed \$600 per month per child.

Length of Care	Up to:
Full Days	\$29
3/4 Days	\$21
Half Days	\$14
Before School	\$5
After School	\$5
Before & After School + Lunch (latchkey children)	\$17



INFORMAL CHILD CARE INVOICE

Please Print

TIME PERIOD: DAY MONTH YEAR TO DAY MONTH YEAR

Child Care Provider: _____

Client: _____

Address: _____

Address: _____

Telephone: _____

City: _____

Name of school/training facility, program or community placement _____

Telephone _____ Postal Code _____

SAMPLE:											
CHILD NAME			AGE	CHILD NAME			AGE	CHILD NAME			AGE
John Doe			5	James Doe			2	Jane Doe			7
Date	From:	To:	Hrs.	Date	From:	To:	Hrs.	Date	From:	To:	Hrs.
04/11	11:30	3:30	4	04/11	8	3:30	7.5	04/11	8	8:30	.5
05/11	11:30	5:00	5.5	05/11	8	5:00	9	05/11	8 - 8:30	3:45 - 5	1.75
06/11	P.A. Day	8 - 4:00	8	06/11	P.A. Day	8 - 4:00	8	06/11	P.A. Day	8 - 4:00	8

CHILD NAME			AGE	CHILD NAME			AGE	CHILD NAME			AGE
Date (DD/MM)	From:	To:	HRS	Date (DD/MM)	From:	To:	HRS	Date (DD/MM)	From:	To:	HRS
TOTAL HOURS				TOTAL HOURS				TOTAL HOURS			

Amount Owed to Childcare Provider: \$ _____

Childcare Provider's Signature: _____

Participant's Signature: _____

FOR OFFICE USE ONLY:

- Verification of payment submitted for previous month
- Verification of attendance in program submitted
- Verification on spreadsheet & File Room notified

Member ID: _____

Authorized by: _____

Date: _____