

### DEPENDENT CARE EXPENSE CLAIM FORM

Member's Name:		
Address:		
	City:	Postal Code:
Phone:		
Dependent Children:	Name:	Age:
	Name:	Age:
	Name:	Age:
	Name:	Age:
Dependent Adult:	Name:	
Guidelines for Payment:	Payment shall not exceed \$25.00 per event.	
	Payment for childcare is limited to dependents 12 years of age and under.	
	Payment for adult dependent care is limited to an adult whose care is the responsibility of the member.	
	The Caregiver may not be the spouse of the member.	
	Payment for a Caregiver who resides at the same address as the member, such as an older child, shall not be reimbursed unless that Caregiver is usually paid for such services by the member.	
	This form must be returned to the ETFO Durham OT Local no later than 10 days after the event.	
Name of Caregiver:		
Signature of Caregiver:		
Signature of Member:		
Event Date:	Event:	