

Lambton Kent E.T.F.O. Dependent Care Expenses Claim

850 Wallace Street, Wallaceburg N8A 1M6 Phone: 1-800-528-1936 Fax: 519-628-5416

Name:	School:
Committee:	Activity:
Home Address:	Date(s) of Activity:

Guidelines:

1. A signed receipt from the caregiver, listing the dependents and applicable dates, must be provided.
2. Payment for Child and Adult Dependent Care shall not exceed \$50.00 per meeting day for the first child/adult dependent plus \$35 per day for each additional child/dependent to a maximum of \$120.00 per day.
3. Payment for overnight care shall not exceed \$55.00 for the first child/adult dependent plus \$35.00 for each additional child/adult dependent to a maximum of \$125.00 per day.
4. Payment for child care is limited to dependents 18 years of age and under.
5. Overnight care is a reimbursable expense only if no caregiver would otherwise be in the home overnight.

Dependent Children:

Name: _____ Age: _____
 _____ Age: _____
 _____ Age: _____

Dependent Adult:

Name: _____

Caregiver Name: _____

Net Claim: _____

 Claimant Signature

LKETFO Treasurer

Wallaceburg Office
 850 Wallace Street
 Wallaceburg, Ontario
 N8A 1M6
 Phone: 1-800-528-1936
 Fax: 519-628-5416
 www.lketfo.com

Cheque Number _____

Date _____