

USW Family Care Expense Claim Form

The Family & Community Education Fund (FCEF) will reimburse you for family care costs incurred while attending authorized union events which take place outside of normal work/school/daycare hours. The Fund will not cover costs which you are ordinarily charged for family care provided during normal working hours had you been at your place of work. Note that the Fund will not cover costs for care provided by another adult who has caregiving responsibilities of the family member(s) receiving care. Contact Gabriele Simmons, FCEF Coordinator, for more information on this policy.

Members can claim caregiving fees for the following family who reside with them:

- a) A child under 17 years of age;
- b) A person with a disability;
- c) An adult who is dependent and requires care.

Actual family care costs incurred will be reimbursed at a rate of up to \$19.50 per hour for the length of the union meeting/event plus travel time. We will reimburse for a maximum of 12 hours per day. If overnight care is required, the maximum reimbursable amount is \$270 per 24-hour period.

Should you have attended multiple union activities resulting in family care costs, please complete multiple Expense Claim Forms.

The following information is for internal USW use only and will remain confidential.

Member Information

Last Name	First Name	USW Local Union Number
Street Address and Postal Code		City and Province
Employer		Email Address
Telephone Number	Union Activity Date(s)	Time and Length of Union Activity
USW Activity Name and Location		
If this activity required an overnight stay, how many nights were you away for?		# of nights
<input checked="" type="checkbox"/> Signature	<input checked="" type="checkbox"/> Signature	Date
Local President or Recording Secretary Name, Printed	Local President or Recording Secretary Signature	Date

Caregiver Information

Care Provided By: Caregiver/Agency Name	
<input type="checkbox"/> Unlicensed Caregiver	<input type="checkbox"/> Licensed Agency/Caregiver
Caregiver Mailing Address	Telephone Number

Care Costs

Family Member Name & Relation to Member Requesting Reimbursement	Age	Date(s) of Care	Hours of Care	Fees Paid
1.				
2.				
4.				
			Total Care Costs	\$

If you need more room to write, attach additional supporting documents to your reimbursement form.

Should there be additional costs associated with the care of your family member(s), in particular if they have a disability, please identify these costs and their purpose here:

Please attach original receipts of all claimed expenses.

If the claimed costs are higher than USW's standard care rate (see page 1), please explain why here:

Please attach original receipts of all claimed expenses. Caregiver invoices must include the caregiver's full name and address; telephone number; your name and phone number; dates and hours of when care was provided and for which family member; amount charged; and signature.

If your care provider does not have a receipt form to provide you, please use our Family Care Service Invoice template, available [here](#).

I confirm that without such family care I would have been unable to attend an authorized USW activity.

X Signature	Date
Member Signature	Date

Email, fax, or mail the completed application to the Family and Community Education Fund Co-ordinator:

Gabriele Simmons - FCEF@usw.ca

Fax: Attention FCEF at (416) 482-5548

Mail: FCEF, c/o USW Canadian National Office, 800-234 Eglinton Ave. E., Toronto, ON M4P 1K7

Family Care Claim Request ID # (assigned by Fund Co-ordinator):