

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 dependents who reside with them:

- a) A child aged 12 or under for daytime and/or overnight care;
- b) A child aged 15 or under for overnight care, where the authorized union event requires your absence overnight;
- c) A child or adult with a disability for daytime and/or overnight care;
- d) An adult who is dependent and requires care during the daytime and/or overnight.

Actual family care costs incurred (for the duration of the union event/meeting, plus travel time) will be reimbursed as follows:

- If care is provided by a professional/licensed caregiver who is not a family member, or an unlicensed caregiver who is not related to the person receiving care (e.g. babysitter), **we will reimburse at their standard rate** up to \$19.50 an hour for a maximum of 12 hours per day provided receipts are submitted confirming the expense. If overnight care is required, the maximum reimbursable amount is \$270 per 24-hour period (total).
- If care is provided by a family member who resides at a different address from your dependant(s), we will provide a pro-rated honorarium, provided a signed invoice (see sample) is supplied. Note: the honorarium provided is not per child, it is a lump sum total for all people receiving care within a household:
 - 3 hours or less of care per day: \$30 (total)
 - More than 3 hours-6 hours of care per day: \$50 (total)
 - More than 6 hours-24 hours of care per day: \$75 (total)

If the family member providing care lives out of town, mileage to and from the union member's home may be covered. For more information, contact the Fund Co-ordinator.

Please complete all sections of the form to ensure timely reimbursement. Be careful to accurately record the union activity and time and date you attended for which you incurred family care. Should you have attended multiple union activities resulting in family care costs, please complete multiple Expense Claim Forms.

Note: if your Collective Agreement requires shift work that is other than 9:00 am – 5:00 pm, Monday-Friday, you must provide documentation in order to claim reimbursement for weekday, daytime family care reimbursement claims.

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
X Signature	X Signature	Date
Local President or Recording Secretary Name, Printed	Local President or Recording Secretary Signature	Date

Caregiver Information

Care Provided By:	
<input type="checkbox"/> Unlicenced Caregiver	<input type="checkbox"/> Licenced Agency/Caregiver
<input type="checkbox"/> Caregiver Related to Person Receiving Care	
Caregiver/Agency Name	
Caregiver Mailing Address	Telephone Number

Care Costs

Please outline the names of the family member(s) receiving care; their relation to the member requesting reimbursement; their age(s); the dates and hours of care; and total care costs paid:

If you need more room to write, attach additional supporting documents to your reimbursement form. As a reminder, when using an unlicensed caregiver, honorarium provided is not per child, it is a lump sum total for all people receiving care within a household:

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 maximum 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 and if they are licensed and related to the claimant or person receiving care; caregiver's telephone number; your name and phone number; dates and hours of when care was provided and for which family member; amount charged; date; 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):