

WorkplaceNL

146-148 Forest Road
P.O. Box 9000
St. John's, NL A1A 3B8
FAX FORM TO:
f 709.778.1302

CALL US AT:
t 709.778.1000
t 1.800.563.9000
VISIT: workplace.nl.ca

Additional Child Care Expense Claim Form

Please SEND this form and Proof of Cost of Items to the above address

Name: _____

Claim Number: _____

To claim additional child care costs, your overall cost for child care must have increased because of the work injury. Reimbursement is based on the difference between the total current weekly cost and the total pre-injury weekly cost.

Part A: Pre-Injury Child Care Costs

How much did you regularly pay for child care **per week** before your injury? _____

Who provided your child care services? If you paid an individual please provide their Name, Address and Telephone Number:

PROOF OF COST ITEMS

Proof of pre-injury costs must be presented. Please attach receipts from provincially registered agencies; or receipts and/or sworn affidavits from non-registered providers and a Revenue Canada printout showing the amount of child care reported

Part B: Additional Child Care Costs

(Please do not write on back of this form. If more detail is necessary, attach additional pages.)

Why are you paying more **per week** now than before your injury? Please explain: _____

Have other factors affected your child care costs (e.g. Increased Fees)? _____

What is your weekly child care cost now? _____

Please indicate the age of the child/children being cared for: _____

Who provides your child care services now? If you are paying an individual please provide their Name, Address and Telephone Number:

Proof of current weekly costs must be presented to show additional costs. Please attach current Proof of Cost Items as described under Part A.

If you have any questions please call the office nearest you and ask for a Client Services Assistant.

I declare this form is complete and correct and I understand that giving false information or omitting relevant information is a serious offense.

WorkplaceNL Use Only

Signature _____

Date _____