Social Services | Services Sociaux
Zhawenimi-Anokiitaagewin
Sault Ste. Marie District

Here to help.
Ici Pour Aider.

CHILD CARE TIME SHEET/ EXPENSE FORM

(To be completed by the **Care Giver**)

Case Manager: _____

Client/Parent Name: _____

Client ID: _____

Name of Care Giver: _____

S.I.N.: _____

Phone Number: _____

Address: _____

City: _____

Name of Child: _____

Date of Birth: _____

Name of Child: _____

Date of Birth: _____

Date 16th – 15th	Times of Care	Reason for Care	Number of Hours	Rate	Total

I declare the information given here to be accurate and complete.

Signature of **Care Giver / Provider**: _____ Date: _____

Signature of Parent: _____ Date: _____

Notice:

1. This form must be **completed** and **signed** by your Care Giver (baby-sitter).
2. Attach all your monthly **child care receipts** to this form and return with your Statement of Income Report.

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