



UTE Family Care Expense Claim Form

Complete **all** sections to ensure payment of claim.

Attach all supporting documents and receipts.

MEMBER INFORMATION			
Last name	First name		
Street address		City	Province
Postal code	Telephone number	Activity date(s)	
UTE activity (Title of conference, course, meeting, etc. – please specify)			

CAREGIVER INFORMATION		
Care provided by Unlicensed agency/caregiver	Licensed agency/caregiver	License number
Caregiver/agency name		
Mailing address		Telephone number

FEES (See Regulation 21)				
Name & relation	Age	Date(s)	Hours of care	Fees paid
1.				
2.				
3.				
4.				
			TOTAL COST	

PREAPPROVED EXCEPTIONS	
Specify	
I certify that these costs are related to my attendance at a UTE event .	
X	
MEMBER'S SIGNATURE	DATE
X	
APPROVAL SIGNATURE	DATE