



# 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		License number
Unlicensed agency/caregiver	Licensed agency/caregiver	
Caregiver/agency name		
Mailing address		Telephone number

FEES ( <a href="#">See Regulation 21</a> )				
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 <b>UTE event</b> .	
X	
MEMBER'S SIGNATURE	DATE
X	
APPROVAL SIGNATURE	DATE