BCTF Kids Matter Teachers Care

DEPENDANT/CHILD CARE EXPENSE CLAIM FORM

SECTION 1: MEMBER INFORMATION

Member name _____ _____
Last name *First name*

Member ID (6 digits) _____

E-mail _____

SECTION 2: DEPENDANT INFORMATION

Name	Relationship to Member	Age (for child only)	Type of Care Required
			☐ Child ☐ Adult
			☐ Child ☐ Adult
			☐ Child ☐ Adult

SECTION 3: CARE PROVIDER INFORMATION

Provider Name/Facility: _____

Address: _____

E-mail: _____ Phone: _____

Type of provider:

☐ Licensed Daycare ☐ In-home Care ☐ Other: _____

Day(s) and hours of care:

Date	Number of hours	x	Rate ($/hr)	=	Amount charged (max. $290 per 24hr period)
Example: April 30, 2026	8:00a–9:30a = 1.5hrs 11:30a–1:30p = 2hrs 4:45p–6:30p = 1.75hrs	x	$21.78/hr	=	$ 114.35
		x		=	$
		x		=	$
		x		=	$

☐ I confirm that I have included a copy of the invoice for the services listed above from the provider.

☐ I certify that the claim being submitted for dependant care is for additional cost borne by me and is *not* a result of regular or usual child/elder care arrangements.

☐ I certify that the above information is true and complete to the best of my knowledge. I understand that any false or misleading information may result in denial of reimbursement.

Signature: _____ **Date:** _____