# GENERAL MEETING DEPENDENT CARE SUBSIDY FORM 2017 - 2018

**ETFO-Toronto Occasional Teachers**



***\*\*Please note, this subsidy application is only for members attending Local General Meetings Only***

* Subsidy payment for Child and Adult Dependent Care is limited to $35.00 per day.
* You may apply for the Dependent Care Subsidy up to a **maximum of 3 times per school year**.
* Subsidy payment for child care is only applicable to dependents under 16 year of age.
* Subsidy payment for adult dependent care is only applicable to a legally dependent adult whose care is the responsibility of the member.
* Funding will be provided on first-come, first-serve basis. Total funding available will not exceed the budgeted maximum of $1000.00 per term as set by the Executive.

(Term 1 - September 1, 2017 > January 31, 2018) (Term 2 - February 1, 2018 > June 25, 2018)

* Subsidy application must be received within 30 days of the workshop/event date. To avoid delays in reimbursement, *please include a copy of the receipt of payment* **along with this form.**
* Send form and receipt via the **Board Courier** ( Route NE) or by **Canada Post** to:

 ETFO – Toronto Occasional Teachers Local

17 Fairmeadow Avenue, Suite 209

Toronto, ON M2P 1W6

**Applicant Information:** \***Please print \*All fields are required**

NAME:

MAILING ADDRESS: POSTAL CODE:

CITY: EMAIL

 TEL:

TDSB EMPLOYEE #

**Event information:** \***Please print \*All fields are required** COURSE NAME: COURSE DATES/TIMES:

Supporting Documentation:

*(A signed receipt from the caregiver, listing the name(s) and age(s) of dependent(s) and applicable dates,* ***must*** *be provided).*

**Please make sure that you have included BOTH.**

* The form
* Receipt of Payment (Photocopy of Receipt is acceptable)

Signature of Applicant: Date: \_\_

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**OFFICE USE ONLY:** APPROVED: YES NO DATE CHEQUE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Released Officer Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_