



INVOICE
City of Greater Sudbury - ONTARIO WORKS Division
P.O. Box 3500 Stn. A, 199 Larch Street
Sudbury ON P3A 5W5
Phone:(705) 675-2411 Fax (705) 673-0813

Case ID

Case Worker #

INFORMAL CHILD CARE

CHILD CARE CLAIM FROM 16TH OF _____ to 15th _____, 20

Name of Child	
Date of Birth (dd/mm/yyyy)	
Total # of time sheets submitted this month for this child	
Amount owed to child care provider/babysitter	\$

I _____ certify that each of the following statements is true:
Print Name(Parent/Guardian name)

- a)the information provided on this form accurately describes the child care services I purchased for the month to the child named above;
b) The Child Care Provider/Babysitter is not a member of my benefit unit.

(Signature of Parent/Guardian)

_____ of _____
Print Name (child care provider) Mailing Address

certify that each of the following statements is true:

- a)the information provided below accurately describes the child care services I provided for the month to the child named above;
b)I do not have a legal obligation to support the child named above
c) I am not a member of the benefit unit that includes the above named child
d) I do not provide care to more than five children under the age of 10 years of age who are not from the same family
e) I am over the age of 18 years (unless prior approval obtained by Caseworker)

(Signature of child care provider)
Signed this day _____ on this month _____ of 20

Telephone Number

For the Month of							
Example Date (day, month)	From	To	Hours	Date (day, month)	From	To	Hours
16/11	8 am	4 pm	9 hours	17/11	8 am	12 pm	4 hours
Date (day, month)	From	To	Hours	Date (day, month)	From	To	Hours
Sub Total A				Sub Total B			
add Sub Total A							
Total Hours							
Multiply by							\$4.00
Total Owed							
Deduct Ontario Child Care Supplement for Working Families							
Total Claim to Ontario Works							

Notice with Respect to the Collection of Personal Information
(Freedom of information and Protection of Privacy Act)
(Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the Family Benefits Act, R.S.O. 1990, the Ontario Works Act, 1997 or the Ontario Disabilities Support Program Act, 1997 for the purpose of administering the Ontario Government social assistance programs. For more information contact your nearest municipal or Ministry of Community and Social Services Office.

OFFICE USE ONLY

- ☐ Verification of Payment submitted for previous month
- ☐ Ontario Child Care Supplement for Working Families deducted if applicable
- ☐ Verification of attendance in program submitted or verification of earning period submitted
- ☐ Send to Corporate File