FAMILY CARE POLICY

Objective

The PSAC fully recognizes that family is not solely defined as consisting of "mother and father with children" and may take several forms including, but not limited to: single parents, same-sex parents, dependant relatives residing in the household.

The objective of this policy is to remove one of the barriers which prevent members from participating in union activities.

The Family Care Policy (FCP) is intended to assist the member in covering additional fees incurred as a direct result of attending an authorized PSAC activity.

To achieve a maximum amount of flexibility, every effort will be made to provide on-site child care where Early Childhood Educated (ECE) or certified caregivers are available for hire. When on-site childcare is provided, caregivers will be made available for evening sessions that form part of the schedule of events.

Eligibility

Where the member is the sole caregiver at the time of the authorized union activity, the FCP will cover costs for care during the day **outside** normal work/school/daycare hours. Family care costs that **would have ordinarily been incurred during work hours** had the member been at his/her place of work **are not covered.**

The FCP shall not cover cost for care provided by a spouse/partner, former spouse/partner with custody rights or a relative residing in the household.

Members are entitled to claim fees related to the care of the following family members who reside on a full or part-time basis with the member:

1. A child under 18 years of age;
2. A person with a disability;
3. An adult, who is a dependant, requiring care.

How to Claim

A *completed* Family Care Expense Claim form must be submitted, **accompanied by a receipt*, which must include the following information:**

- Caregiver's full name
- Caregiver's full address
- Caregiver's telephone number
- Caregiver's license number (if applicable)
- Detailed dates and hours when the care was provided for each individual family member
- Amount charged
- Caregiver's signature

** template for receipt available upon request*

Reimbursement of Fees

1. Where the care is provided by someone other than a licensed agency/caregiver or the spouse/partner, former spouse/partner with custody rights.

    a) the **actual amount** up to a maximum of $50 per day for the first family member;
    b) the **actual amount** up to a maximum of $25 per day for each *additional* family member;

> *"Day" is defined as care provided between the hours of 07:30 and 17:30. Reimbursement will be $10 per hour for the first family member up to the maximum of $50 and $5 per hour for each additional family member up to the maximum of $25.*

    c) the **actual amount** up to a maximum of $30 per night, per family member for *overnight care;*

> *"Night" is defined as care provided between the hours of 17:31 and 07:29. Reimbursement will be $10 per hour up to the maximum of $30 for each family member.*

2. If care is provided by a licensed agency/attendant, the **actual fees** will be reimbursed.

3. Where an **on-site child care program is provided at the PSAC activity**, increased *shared* accommodation costs will be covered.

Pre-Approved Exceptions

Upon request, consideration will be given to special needs or unusual circumstances resulting in costs which exceed the above rates and expenses allowable**. Detailed information must be provided *in advance for pre-approval.***

PSAC Family Care Expense Claim Form

Complete all sections to ensure payment of claim.
The following information is for PSAC use only and will remain confidential.

MEMBER INFORMATION			
LAST NAME	FIRST NAME	PSAC MEMBERSHIP NUMBER	
STREET ADDRESS		CITY	PROVINCE
POSTAL CODE	TELEPHONE NUMBER	ACTIVITY DATE	
PSAC 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

SECTION A – FEES INCURRED (SEE COST COMPENSATED, SECTIONS 1 & 2 FOR APPLICABLE RATES)				
FAMILY MEMBER & RELATION	AGE	DATE(S)	HOURS	FEES PAID
Example. Adam (Son)	11	Friday Saturday	7:30-9:00 16:00-17:30 7:30-17:30 17:31-7:29	$15 $15 $50 $30
1.				
2.				
3.				
			TOTAL COST (SECTION A)	

If additional space is required, use separate sheet and attach to this claim.

SECTION B – PRE-APPROVED EXCEPTIONS		
SPECIFY		
	TOTAL COST (SECTION B)	
x		
PRE-APPROVED BY	DATE	

Attach all supporting documents and receipts.

☐ I certify that the above claimed expenses were incurred as a direct result of attending an authorized **PSAC** activity.

x	
MEMBER SIGNATURE	DATE

SECTION C – APPROVAL (PSAC INTERNAL USE ONLY)		
EXPLANATORY NOTES	TOTAL CLAIM (SECTIONS A + B)	
	RECOMMENDED FOR PAYMENT	
x		
APPROVED FOR PAYMENT BY	DATE	