



# Bursary Claim Form

**WORKER/PARENT**

**RELIEF**

**INDIVIDUAL INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Caregiver Signature:

\_\_\_\_\_

By signing this claim form, I acknowledge I have not submitted this same claim previously or elsewhere.

**INFORMATION:**

Name:

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Worker's Signature:

\_\_\_\_\_

By signing this claim form, I acknowledge I have provided the services described below, if a family member I am 18 years of age or older, and I am not the primary caregiver/spouse.

Type of Service and/or Program	Date	Total Hours	Hourly Rate	Total Amount
			TOTAL	\$

Return to:

admin@dsasc.ca

or

**DSASC**

P.O. Box 35086, Barrie RPO Essa Road, ON L4N 5Z2