



# TEMAGAMI FIRST NATION

BEAR ISLAND,  
LAKE TEMAGAMI, ONTARIO P0H 1C0  
TEL 1.888.737.9884 | 705-237-8943  
FAX 705.237.8959

## AFTERCARE CLAIM FORM

### Personal Information:

Name:		Band Number	
Mailing Address:	City/Town, Prov.	Postal Code.	Date of Birth:
Email:		Telephone:	

Coverage	Fixed Rates	Dates	Description of Service	Name of Service Provider
Transportation	\$0.165/km			
Companion/Care Sitter Family Respite	\$35/day and/or \$20/night			
Homemaking Service: Meal prep, cleaning, laundry, shopping, etc	\$15/hour			
Infant & childcare	\$25/day or \$50/day for 2 or more			
Alternate level of Care	One-Time payment		Chronic Care – Co-payment	

**Please make cheque payable to:** \_\_\_\_\_

**I certify that all the information provided in this application is true and correct.  
If under the age of 18 a parent/guardian's signature is also required.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*(Please print name)*

\_\_\_\_\_  
*Date*

Mail this form and original receipts to:  
Doreen Potts Health Centre  
Temagami First Nation  
BEAR ISLAND, ON  
P0H 1C0  
Attention: Office Manager Enrichment Funds