Yukon

FAMILY DAY HOME DIRECT OPERATING GRANT PROGRAM

MONTHLY STATEMENT

Family day home: _____ **for the month of:** _____

Attendance information

Child's name (first, last)	Age	* I/T/P/ K/SA/ SN	Expected attendance (days)	Actual attendance (days)	Reason for prolonged absence	Usual hours of attendance (e.g. 8-5:30 M–F)

Number of full time equivalent spaces claimed for this month

* Infants (birth to 18 months)	Toddlers (19 months to 3 years)	Preschoolers	Kindergarten	School age (Grade 1 and up)

Hot meal program

Only programs which provide two snacks and one lunch daily. Menus or declarations must be attached.

Children living in your home

Name	Age

Monthly fees – Fill out every month

	Full time	Part time
Infants		
Toddlers		
Preschoolers		
Kindergarten		
School age (Grade 1 and up)		
Special needs		

Staff information – Must include day home operator, as well as assistants and subs (if used during the month).

Operator and employee's names	CC worker level	Hours worked	Hourly wage

Declaration: I hereby declare that to the best of my knowledge and belief the above information is true and I give permission to the Department of Health and Social Services to verify the information in any way necessary. I further understand the provision of false and of misleading information in this application may result in legal prosecution and/or being disqualified from receiving any benefits under the Direct Operating Grant program including being barred from any further participation in the program.

Note: All areas must be filled out – incomplete forms will be returned for completion.

_____ _____

Family day home operator's signature

YYYY/MM/DD

Date

A written statement of Health and Social Services information practices can be found at www.hss.gov.yk.ca/healthprivacy.php or by contacting the department's Privacy Officer at healthprivacy@gov.yk.ca.

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