

HOME SUPPORT DIRECT FUND PROGRAM: RECONCILIATION REPORT

This Reconciliation Report is being submitted under the Agreement between the SLTC and:

Care Recipient

Care Manager (if designated)

Substitute Decision Maker (if applicable/)

for the Period: _____ to _____

NOTE:

This Report must be submitted quarterly as per the schedule below:

- Before July 15 for all costs from April 1 to June 30
- Before October 15 for all costs from July 1 to September 30
- Before January 15 for all costs from October 1 to December 31
- Before April 15 for all costs from January 1 to March 31
- And within 15 days of your funding ending

A detailed accounting of all expenses supported by copies of the receipts must be included with this Report.

Unspent funds brought forward from the previous quarter	Add	\$ _____	(A)
Total funding received this period	Add	\$ _____	(B)
Total funding spent for Support Services (attach supporting documents)	Subtract	\$ _____	(C)
Unspent Funds (A + B - C)	Equals	\$ _____	(D)

Attach a cheque or money order, made payable to the MINISTER OF FINANCE, PROVINCE OF NOVA SCOTIA, for any funds not spent on authorized Support Services, if this Reconciliation Report falls on your semi-annual and yearly reconciliation dates.

Return this Financial Reconciliation Report along with all supporting documentation (including cheque/money order) to the address listed below:

**Nova Scotia Health, Home First/IADL Clerk, Continuing Care,
45 Weatherbee Road, Suite LL02, Sydney, NS B1M 0A1
HomeFirstIADLClerk@nshealth.ca
1-800-225-7225**