## **Reconciliation Report:** *Guide to Filling Out*

NOVA SCOTIA

#### Blank copies of this form will be available at: <u>www.nshealth.ca/</u> <u>continuing-care</u>, under Client Forms.

### Home Support Direct Funding 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	y as per the sched	ule below:	
<ul> <li>Before July 15 for all costs from April 1 to June 30</li> <li>Before October 15 for all costs from July 1 to September 30</li> <li>Before January 15 for all costs from October 1 to December 31</li> <li>Before April 15 for all costs from January 1 to March 31</li> <li>And within 15 days of your funding ending</li> </ul>		These are the service periods, or "quarter" and this sis the schedule when this form (and your receipts/ receipt forms) must be sent in.	
A detailed accounting of all expenses supporte	d by copies of the	receipts mus	t be included with
this Report.	Total f	unds you rece	eived this quarter (A):
Total funding received this period	Add Fotal funds spent o	\$ on approved s	(A) ervices this quarter (B)
Total funding spent for Support Services (attach supporting documents)		\$	(B)
	Calculate to see i	f there are un	spent funds owing (C)
Unspent Funds (A - B)	Equals	\$	(C)

Attach a cheque or money order, made payable to the MINISTER OF FINANCE, PROVINCE OF NOVA SCOTIA, for any unused funds or funds not spent on authorized Support Services.

# 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

Return unspent funds via cheque or money order, payable to Minister of Finance, Province of Nova Scotia.