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 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.

Total funding received this period	**Add**	$	(A)
Total funding spent for Support Services (attach supporting documents)	**Subtract**	$	(B)
Unspent Funds (A - B)	**Equals**	$ 0.00	(C)

If you have more than $50 left over, please send a cheque or money order to MINISTER OF FINANCE, PROVINCE OF NOVA SCOTIA.

If you have $50 or less left over, you do not need to send anything back.

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,
Cape Breton Regional Hospital
1482 George Street, Sydney, NS B1P 1P3

HomeFirstIADLClerk@nshealth.ca
1-800-225-7225