



Family Support for Children with Disabilities

Family Guide for Financial Record-
Keeping

This publication is issued under the Open Government Licence – Alberta (<http://open.alberta.ca/licence>).

Family Support for Children with Disabilities: Guardian Guide for Record-Keeping | Seniors, Community and Social Services,

© 2023 Government of Alberta | February 2023



Contents

Purpose..... 4

Background..... 4

Required records to support reimbursement..... 4

- Proof of claim submission 4
- Proof of goods or services received..... 5
- Proof of payment for goods or services 7

Disability-related medical appointments (including meals, mileage and parking expenses) 10

Privacy 11

Family Support for Children with Disabilities: Family Guide for Financial Record-Keeping

Purpose

The purpose of this guide is to help families create, gather and keep the right documents and records to show that Family Support for Children with Disabilities (FSCD) supports and services were received and paid for as intended. This is important as families are required to keep this information and provide it if requested (under the *Family Support for Children with Disabilities Act* and the *Financial Administration Act*).

If you have any questions about this guide or are experiencing challenges, you are encouraged to reach out to a financial administration worker with the FSCD program for help.

Background

The FSCD program is a reimbursement program regionally administered by the Government of Alberta. To align with Canada Revenue Agency financial record keeping requirements, financial records for FSCD agreements are required to be kept for seven (7) years.

"Records" means any documents, information, records or materials, regardless of form, which are made, generated, produced or acquired as a result of this Agreement by the Guardian, Staff, Service Providers and any other of the Guardian's employees, contractors, subcontractors or agents.

Required records to support reimbursement

For each reimbursement claim submitted, it is important to have the following documentation:

- A. Proof of claim submission;
- B. Proof of goods or services received; and
- C. Proof of payment.

This guide explains, with examples, what qualifies as proof of goods or services received and payment.

Often, a receipt can serve as both proof of goods or services received and payment. More information is available on page 8.

A. Proof of claim submission

To be reimbursed for goods and services outlined in their FSCD agreement, guardians must submit manual "Statement of Expenses" forms or submit claims electronically through the Online Claims Reimbursement (OCR) site. Guardians must keep a copy of the Statement of Expenses and/or the invoice generated by the OCR site for each claim they submit to the FSCD program.

FSCD STATEMENT OF EXPENSES FORM

Alberta Government **Statement of Expenses**
Family Support for Children with Disabilities Program

The information on this form is collected under the authority of the Financial Administration Act and will be used for the purpose of validating expenses and payments under the Family Support for Children with Disabilities program. Personal information will be managed in accordance with the Freedom of Information and Protection of Privacy (FIPPA) Act. Prior to submitting your statement, if you have any questions about the collection of this information, you may contact your Family Support for Children with Disabilities worker.

Please read instructions on back

Section 1 - To be completed by Parent/Guardian

Parent/Guardian's Name: _____ Expenses for month of (mm-yyyy): _____

Has your address changed? Yes No If yes, what is your new address: _____

Postal Code: _____ Telephone Number: _____ Work Telephone Number: _____ Cellular Telephone Number: _____

Child's Name: _____ Child's File ID #: _____ Child's Birthdate (yyyy-mm-dd): _____

SERVICES PROVIDED INCLUDING RATES AND UNITS <small>(If additional space is required list details on separate sheet w.e. dates, amt. rates)</small>	FOR OFFICE USE ONLY	TOTAL CLAIM
Example: FSS - Hourly Respite \$10/hr x 4 hr	\$40.00	\$40.00
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
The above is a true account of amounts owed to me for the above named child.	GRAND TOTAL	\$

Parent/Guardian's Signature: _____ Date (yyyy-mm-dd): _____

- The Parent/Guardian is responsible for hiring, employing and supervising any service providers complying with all relevant legislation, employment standards and Canada Revenue Agency requirements.
- The Parent/Guardian is responsible for keeping original receipts for all expenses submitted for 10 years. The Parent/Guardian may be asked to provide receipts and records of services provided for verification and audit purposes.

FSCD ONLINE CLAIMS REIMBURSEMENT INVOICE

Alberta Government **Family Support for Children with Disabilities (FSCD) Program**

Claimant Information:

Vendor #
PUBLIC
123 ANY STREET
EDMONTON, AB

For Information Only

Invoice # _____
Date _____
Status _____ Paid _____
Child File # _____
Child Name _____ PUBLIC
Child Birthdate _____
Agreement From _____ To _____

POA	Description of Service	Rate	Unit	Quantity	Amount
201807	24 Hour In or Out of Home Respite		Day	4	
201807	FSS - In or Out of Home Respite		Hour	10	

Claim Total:

I declare that the information in this claim is true and accurate, and represents actual costs for the services in my approved and signed agreement.

I understand I am responsible for paying privately hired individuals and agencies directly and complying with all relevant legislation, employment standards and Canada Revenue Agency requirements.

I understand that I am responsible for keeping original receipts for all expenses submitted on this claim, and that I will be asked to provide original receipts and records of services provided by individuals I hire for verification and audit purposes.

B. Proof of goods or services received

The supports and services families may access are detailed in their agreement and fall within two categories: 'goods' and 'services.'

Goods are objects or things that families may purchase, such as clothing and footwear, prescription formula, extended health care coverage, etc.

Services involve paying people to work directly with you or your child—such as respite, aide supports, specialized services or counselling. Services you receive may be provided by an agency or business, or by individuals you hire yourself (private provider).

Proof of goods or services received may come in different formats such as a receipt, an invoice from an agency or business or an FSCD Record of Services Provided form. Regardless of the format, valid proof that goods or services were received must include the following information:

- name of business, agency or individual providing the goods or services;
- the date and times the goods or services were provided;
- the type of goods or services provided; and
- the rate or cost of the goods or services.

Examples of valid proof of goods or services received:

1. Receipt

When you buy something, you will get a point of sale business receipt. This format is best when the items you are being reimbursed for are goods (for example, prescription formula). It includes:

- name of business – e.g. *name of pharmacy*
- the date provided (in this case purchased)
- the type of goods or services provided – e.g. *name of prescription formula*
- the rate or cost of the goods or services – *cost of item*

Retail receipts may also serve as proof of payment. More information on proof of payment is on page 9.

2. Invoice

An invoice is best when receiving services from a business or agency. It should include:

- the agency name – e.g. Respite Agency [name]
- the date and times of services provided
- the type of services provided – e.g. respite
- the rate of the services – e.g. \$x per hour

Invoices with a confirmation of payment indicated on the invoice also serve as proof of payment. Confirmation of payment could be a paid stamp and the signature or initial of the provider. More information on proof of payment is on page 9 and 10.

<p>Respite Agency [name]</p> <p>Agency's Street Address, City, Province, Postal Code Phone</p> <p>TO: Your Name Your Address Your City, Province, Postal Code Your Phone</p>	<p>INVOICE</p> <p>INVOICE # 000 DATE: DATE</p> <p>SHIP TO: Your Name Your Address Your City, Province, Postal Code Your Phone</p>
--	---

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
SUBTOTAL			
TAX			
TOTAL DUE			

3. FSCD Record of Services Provided form

A completed **FSCD Record of Services Provided** form contains all necessary proof of service elements and is the preferred method of documentation when guardians are hiring private service providers.

FSCD RECORD OF SERVICES PROVIDED FORM



The information on this form is collected under the authority of the *Financial Administration Act* and will be used for the purpose of validating expenses and payments under the Family Support for Children with Disabilities (FSCD) Program. Personal information will be managed in accordance with the *Freedom of Information and Protection of Privacy Act*. Prior to submitting your statement, if you have any questions about the collection of this information, you may contact your FSCD worker.

This form is used to record and verify the hours of work for individuals hired privately by a parent/guardian.

Month: Year:

1. Child's Information

Child's Name: Child's File ID#:

2. Privately Hired Individual's Information

Name: *Is the individual related to the above named child? Yes No **Is the individual 16-17 years of age? Yes No

Address: Postal Code: Phone Number:

3. Type of Service and Hours / Days Worked

Date (e.g. Wed. Jan. 24)	Start Time	End Time	Hourly Respite	Work Related Child Care	Domestic Child Care	Home-making	Sibling Care	Community Support Aide	Personal Care Aide Support	Behavioural or Developmental Aide Support	24 hour Respite	Number of Hours	
													# of days
Total hours / days													
Wage per hr / day / week / month													
Total Cost													

I acknowledge that I have provided the above service(s) and understand that the parent/guardian is responsible for payment to me. I acknowledge that the Family Support for Children with Disabilities Program is not responsible for direct payment to me.

Signature of Privately Hired Individual Name of Privately Hired Individual (PRINT) Date (yyyy/mm/dd)

I acknowledge that the above services have been received and accept responsibility to pay the privately hired individual directly. I acknowledge that I am responsible for keeping this record for 10 years and that I may be asked to provide this completed form for verification and audit purposes. I acknowledge that the Family Support for Children with Disabilities program may contact the privately hired individual at any time to clarify or validate the information on this form, and I hereby give my consent to the privately hired individual to provide the requested information to the Family Support for Children with Disabilities program.

Signature of Parent/Guardian Name of Parent/Guardian (PRINT) Date (yyyy/mm/dd)

This form must be signed by the Privately Hired Individual and the Parent/Guardian.

* With prior approval an adult relative may provide Hourly Respite or 24 Hour Respite.
 ** Hourly Respite, Work Related Child Care (for children 13 years of age or older), Homemaking and Community Support Aide may be provided by a 16-17 year old. All other services must be provided by an individual 18 years of age or older.
Please see reverse for instruction on how to complete this form

C. Proof of payment for goods or services

A proof of payment is a document that supports the exchange of money for goods or services. Proof of payment must contain the following information:

- name of business, agency, or staff providing the goods or services
- the date the goods or services were paid for
- the amount paid

The following examples are common types of proof of payment:

1. Receipt

A point of sale business receipt format is best when the item being reimbursed for are goods. It includes:

- name of business;
- the date the goods or services were provided or purchased;
- the type of goods or services provided; and
- confirmation of payment.

2. Electronic payments

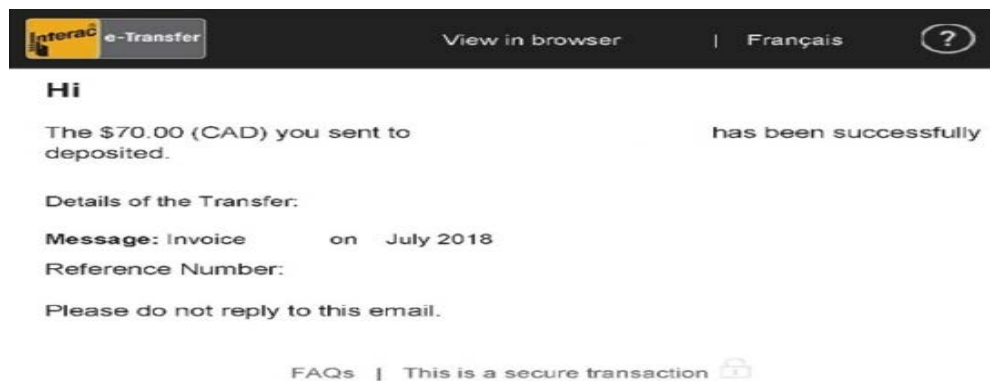
Electronic payments include payments made by debit card, credit card and e-transfer.

These payment methods provide a high level of accountability since they are generated from automated processes and contain information specific to the claim submitted.

For electronic payments, one of the examples below would be appropriate to satisfy the proof of payment requirement. Either print or take a screenshot of the information below.

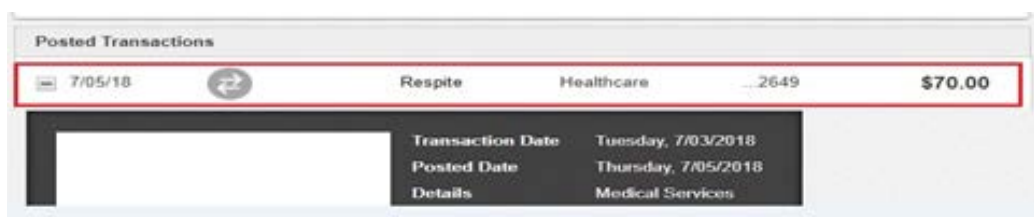
a) E-Transfer:

- guardian name should match name on e-transfer receipt;
- name of the provider should match the Record of Services Provided form;
- the payment date and payment amount should align with the Statement of Expense or OCR invoice period of assistance (month/year);
- the confirmation provided should indicate “successfully deposited;” and
- the message (entered by the family) should align with the Statement of Expense or OCR invoice information and should clearly link the receipt to the payment as a matter of best practice.



b) Credit or debit card payment screenshot

- name of the provider should match the Record of Services Provided form
- the payment date and amount should align with the Statement of Expense or OCR invoice details.

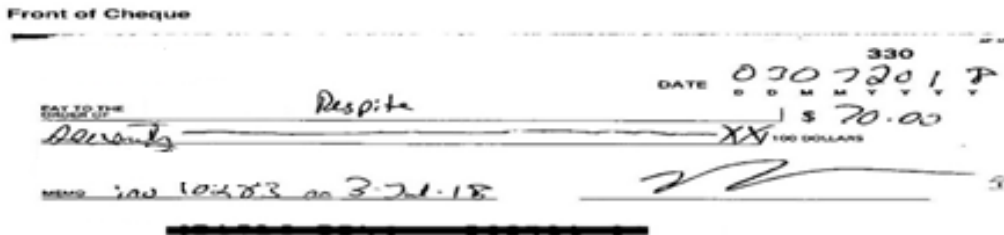


3. Cheque payments

A cancelled cheque is the only valid proof of payment for this payment type.

- guardian name and contact information should match
- the name of the provider being paid should match the Record of Services Provided form
- payment date and amount should align with the Statement of Expense or OCR invoice period of assistance (month/year)
- it is best to clearly link the Statement of Expense or OCR invoice to the payment
- the back of the cheque must also be provided because this is evidence it was processed

It is good practice to print or save a copy of your cancelled cheque as soon as it is available online, or to check with your bank to find out how long online copies are available. Your bank may allow only a limited amount of time for you to have online access to a copy of a cancelled cheque.



4. Cash payments

Cash payments are the most difficult in terms of demonstrating eligible and accountable payments as the source and timing of cash payments are not recorded or linked to a specific invoice. For this reason, it is recommended that cash should not be used to pay expenses of more than \$100 in a given month. ***It is preferable to use e-transfers or cheques instead of cash payments.***

If cash payments are used you will require a receipt of payment. When paying for services provided by a private service provider the receipt must contain the following information:

- your name
- name of the service provider
- contact information of the private provider (e-mail or phone number)
- the date of payment
- the amount paid
- the signature of the service provider

SAMPLE RECEIPT OF PAYMENT

RECEIPT	
PAID BY: PRINT Your Name _____	
PAID TO: PRINT Name of the service provider _____	
Phone Number _____ and/or email _____	
Amount Received \$ _____ Service Provided _____	
_____	_____
Signature of the service provider	Date

5. Invoice with confirmation of payment

An invoice detailing the goods or services received, dates of service and confirmation of payment indicated on the invoice. Confirmation of payment could be a paid stamp and the signature/initial of the provider.

Respite Agency [name]

INVOICE

Agency's Street Address,
City, Province, Postal Code
Phone

INVOICE # 000
DATE: DATE

TO:
Your Name
Your Address
Your City, Province, Postal Code
Your Phone

SHIP TO:
Your Name
Your Address
Your City, Province, Postal Code
Your Phone

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL

SUBTOTAL
 TAX
TOTAL DUE

John Doe **PAID**
 MAR 01 2019

Disability-related medical appointments (including meals, mileage and parking expenses)

Proof that the child attended a medical appointment can serve as both proof of services received and proof of payment when claiming meal, mileage and parking expenses associated with the appointment.

Other costs associated with a medical appointment, such as accommodations or groceries when staying overnight, still require both proof of service and payment as described above.

Proof that the child attended a medical appointment can come in the form of a completed Confirmation of Medical Appointment/Hospital Stay Form, or a note indicating the child was seen at the medical appointment that includes:

- the name and address of medical provider;
- the time and date of appointment; and
- certification from the medical provider or office staff (such as signature, initial or stamp) that the family attended the appointment.

CONFIRMATION OF MEDICAL APPOINTMENT/HOSPITAL STAY FORM:



CONFIRMATION OF MEDICAL APPOINTMENT/HOSPITAL STAY FORM

FSCD requires proof of attendance for reimbursing travel expenses for medical appointments. This form serves as a valid proof of service for all approved mileage, parking and meal costs associated with a visit. Separate receipts are required for any accommodation costs.

Instruction: Please have a staff person date and sign the form below confirming your attendance and file with your other receipts, invoices and Statements of Expense (SOE) forms so that it is available upon request.

CHILD'S NAME: _____

FSCD Child ID #: _____

Appointments attended for the month/year of: _____

Name of Medical Professional or Hospital	Date and Time of Appointment	Name and Signature from Medical Office or Hospital Staff
		Print Name: _____
		Signature: _____
		Print Name: _____
		Signature: _____

Privacy

Guardians can black out (i.e. mark over with a black marker/pen) or remove non-required personal information from their documents for privacy and security reasons. Information that will affect the ability to determine that the reimbursement is valid should not be removed.