



1 Portland Street, PO Box 160
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Informal Caregiver Services Form

Name: _____ Claim N°: _____

Please complete the table below for all receipts received for monies paid to an informal caregiver for Home Care Services and include a copy of receipt(s) from your provider. All receipts must accompany this form for reimbursement. Please ensure to include your claim number on receipts once you have obtained a copy from your care provider.

Informal home care services is care given by an attendant who performs personal tasks that a person cannot do for themselves.

You can claim amounts paid to a caregiver only if the caregiver meets both of the following criteria:

- They are not your spouse or common-law partner.
- They are 18 years of age or older when the care was provided.

Date (yyyy-mm-dd)	Service Provided	Caregiver Name	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

Please send the completed form (including copies of actual receipts) to your claims manager via your MyServices account or mail to:

WorkSafeNB

1 Portland Street

PO Box 160, Saint John, NB

E2L 3X9

I hereby declare that the information provided is true and correct. I certify that the informal caregiver is not my spouse/common-law partner OR a minor under 18 when the care was provided. I recognize that submitting a false claim for expenses is fraudulent and will be dealt with accordingly by WorkSafeNB. I have included my claim number on the individual receipts attached.

Client's signature: _____ Date: _____