

Family Care Policy

Last Updated: June 9, 2026

1. Purpose

- 1.1. CAPE fully recognizes that family is not solely defined as consisting of “mother and father with children” and may take several forms including, but not limited to: single parents, same-sex parents, dependant relatives residing in the household.
- 1.2. The objective of this policy is to remove one of the barriers which prevent members from participating in union activities.
- 1.3. The Family Care Policy (FCP) is intended to assist the member in covering additional fees incurred as a direct result of attending an authorized CAPE activity.
- 1.4. To achieve a maximum amount of flexibility, every effort will be made to provide on-site childcare where Early Childhood Educated (ECE) or certified caregivers are available for hire. When on-site childcare is provided, caregivers will be made available for evening sessions that form part of the schedule of events.

2. Definitions

- 2.1. A "24 hour period" is defined as care provided between the hours of 7:30 a.m. to 7:29 a.m. the following day.

3. Eligibility

- 3.1. Where the member is the sole caregiver at the time of the authorized union activity, the FCP will cover costs for care during the day **outside** normal work/school/daycare hours. Family care costs that **would have ordinarily been incurred during work hours** had the member been at his/her place of work **are not covered**.
- 3.2. The FCP shall not cover cost for care provided by a spouse/partner, former spouse/partner with custody rights or a relative residing in the household.
- 3.3. Members are entitled to claim fees related to the care of the following family members who reside on a full or part-time basis with the member:
 - a. A child under 18 years of age
 - b. A person with a disability
 - c. An adult, who is a dependant, requiring care

4. How to Claim

- 4.1. A completed Family Care Expense Claim form must be submitted, **accompanied by a receipt**, which must include the following information:
 - a. Caregiver's full name
 - b. Caregiver's full address
 - c. Caregiver's telephone number
 - d. Caregiver's license number (if applicable)

- e. Detailed dates and hours when the care was provided for each individual family member
 - f. Amount charged
 - g. Caregiver's signature
- 4.2. To facilitate reimbursement by direct deposit, members must include a void cheque with their initial claim.

5. Reimbursement of Fees

- 5.1. Where the care is provided by someone other than a licensed agency/caregiver or the spouse/partner, former spouse/ partner with custody rights.
- a. the **actual amount** up to a maximum of \$20 per hour, up to a maximum rate of \$140 for each 24 hour period for the first family member;
 - b. the actual amount up to a maximum of \$20 per hour, up to a maximum rate of \$100 for each 24 hour period for each additional family member.
- 5.2. If care is provided by a licensed agency/attendant, the **actual fees** will be reimbursed.
- 5.3. Where an **on-site childcare program is provided at the CAPE activity**, increased shared accommodation costs will be covered.

5.4. Pre-approved Exceptions

- 5.4.1. Upon request, consideration will be given to special needs or unusual circumstances resulting in costs which exceed the above rates and expenses allowable. **Detailed information must be provided in advance for preapproval.**

CAPE Family Care Expense Claim Form

Complete all sections to ensure payment of claim.

The following information is for CAPE use only and will remain confidential.

MEMBER INFORMATION		
LAST NAME Click or tap here to enter text.	FIRST NAME Click or tap here to enter text.	
STREET ADDRESS Click or tap here to enter text.	CITY Click or tap here to enter text.	PROVINCE Choose an item.
POSTAL CODE Click or tap here to enter text.	TELEPHONE NUMBER Click or tap here to enter text.	ACTIVITY DATE Click or tap to enter a date.
CAPE ACTIVITY (TITLE OF CONFERENCE, COURSE, MEETING, ETC. – PLEASE SPECIFY) Click or tap here to enter text.		

CAREGIVER INFORMATION	
CARE PROVIDED BY <input type="checkbox"/> UNLICENSED AGENCY/CAREGIVER <input type="checkbox"/> LICENSED AGENCY/CAREGIVER	LICENSE NUMBER Click or tap here to enter text.
CAREGIVER/AGENCY NAME Click or tap here to enter text.	
MAILING ADDRESS Click or tap here to enter text.	TELEPHONE NUMBER Click or tap here to enter text.

SECTION A – FEES INCURRED (SEE COST COMPENSATED, SECTIONS 5 FOR APPLICABLE RATES)				
FAMILY MEMBER & RELATION	AGE	DATE	HOURS OF CARE	FEES PAID
1 Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
2. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
3. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
4. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
			TOTAL COST (SECTION A)	Click or tap here to enter text.

If additional space is required, use separate sheet and attach to this claim.

SECTION B – PRE-APPROVED EXCEPTIONS		
Specify Click or tap here to enter text.		
	Total cost (Section B)	Click or tap here to enter text.
x		Click or tap to enter a date.
Pre-approved by		Date

Attach all supporting documents and receipts.

<input type="checkbox"/> I certify that the above claimed expenses were incurred as a direct result of attending an authorized CAPE activity.	
x	Click or tap to enter a date.
MEMBER SIGNATURE	DATE

SECTION C – APPROVAL (CAPE INTERNAL USE ONLY)		
EXPLANATORY NOTES Click or tap here to enter text.	TOTAL CLAIM (SECTIONS A + B)	Click or tap here to enter text.
	RECOMMENDED FOR PAYMENT	Click or tap here to enter text.
x		Click or tap to enter a date.
APPROVED FOR PAYMENT BY		DATE