



**Instructions for National Autism Conference 2024:
Family Childcare (for children ages 0-5 years) Reimbursement Form**

Important:

- Please make sure that your **name, mailing address, phone number and email address** are complete and easy to read!
- Your Reimbursement Check will be mailed to your address in an envelope from the Tuscarora Intermediate Unit 11.
- You must sign the Reimbursement Form.**
- Your Child Caregiver must sign the Reimbursement Form.**
- Date(s) must be included on the Form.**
- Form must be submitted no later than September 5, 2024.** Submission info below.

National Autism Conference 2024 Childcare Reimbursement:

- We appreciate your time and hope you enjoyed the Conference! If you required someone to provide childcare for your child(ren), ages 0-5 years, while you attended the National Autism Conference, you may request Childcare Reimbursement.
- Your attendance at the Conference could be in-person or virtually.
- You may receive Reimbursement for up to \$15.00/hour, up to 10 hours a day maximum (this is a per family amount- not per child).
- Child Caregiver Expenses can include the time that it took you to travel to drop off your child or pick up your child from the place where your child was being cared for (if necessary).
- A Child Caregiver can be someone from your family (except for a primary caregiver of the child) or someone you hired to care for your child(ren) while you attended the Conference.

TIPS for filling out the Reimbursement Form:

- **TOP of Form: Please fill out:**
 - **Name (Participant Name), Phone Number, Address (Full Mailing Address including Zip Code so check can be mailed to you), and your Email Address.**
- **TABLE, Middle of Form:**
 - **Top Row: include the Date(s) that you attended the National Autism Conference.**
 - **Middle Row: fill out Child Caregiver Expenses. Put the amount you paid the Child Caregiver and the number of hours you required Childcare for that Date.**

- **Bottom Row:** fill out the total amount paid for Childcare per Date. In the Grand Total box, calculate the total amount for Child Caregiver Expenses for the entire time you attended the Conference.
- **BOTTOM of Form:**
 - Sign and date on the Participant Signature line.
 - Have your Child Caregiver sign and date on the Child Caregiver Signature line.

Submission Information:

Please return your completed Reimbursement Form no later than September 5, 2024.

You may email your form or send your form in the mail.

- **Email:**
 - Email your completed Reimbursement Form to Sue Pasquariello
 - spasq@pattan.net
- **Mail:**
 - Mail your completed Reimbursement Form to:
 - Attn. Sue Pasquariello, PaTTAN East,
333 Technology Drive, Malvern, PA 19355

Questions:

Please contact Shelley Chapin by email (schapin@pattan.net) or phone (717-320-6920)