Intervac Funding-AcquittalForm

1. PLEASE RETURN THIS FOR Multication.oshc@sa.gov.abuy end of week 2 each term

Acquittal forms not received by end of weekeach term mayesult in nonpayment.

Services must meet the minimum requirements of 1 educators entries as stated in the Education and Care Services National Regulations. Additional educators employed through the Intervac program are not to be counted in this minimum ratio.

Service Approval Number											
•	SE Email										
Name of Service				Mahila Niveshar							
Address	Mobile Number										
Vendor Number											
Name ofchild	Intervac Approval expiry date	Care period	Attended Care Yes)NOE	Name of child	Intervac Approval expiry date	Care Period	Attended Care Period Yes ME				
2. SUMMAR Total number of Inteva				ndar to calculate Intervac	C Hours ONLY						



3. OUTCOMES

Theinclusion	and participation	of children wi	th disabilities an	d additional	needs in	out of school	hourisecantee(r-schoo	care and	vacation
care).									

Comment N/A Yes No

Our service has an inclusion plan in place

Educators work togethewith families and communities tocreate an inclusive service