NOVA SCOTIA
Department of Health and Wellness

Self Managed Care Client Financial Checklist

Continuing Care 1-800-225-7225 toll free across Nova Scotia 8:30 a.m. to 4:30 p.m., 7 days a week

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The following checklist represents the required documentation that all Self Managed Care clients are required to maintain.

	Description	Client Initials
1.	Separate chequing account (name of financial institution, branch number and account number) with a bank or financial institution located in NS which can not be accessed by an automatic banking machine or banking card	
2.	Void Cheque provided to Continuing Care to initiate the start of the automatic deposit process	
3.	Pertinent records regarding your Self Managed Care Agreement such as; original receipts, administration cost, employment records, cancelled cheques, and bank statements	
4.	Canada Revenue Agency (CRA) Business Number	
5.	Relevant documentation such as; Employee SIN number, confirmation of WCB coverage for caregivers, confirmation of Home Insurance Policy coverage for resident employee, caregiver contact information and back-up contact information	
6.	Employer records such as; employee deductions (date, time worked, rate of pay - regular, holiday or vacation) and employer remittance sent to CRA, employee time sheets, statement of employee earnings and payroll deductions, employee earning records, payroll register, expenditures and receipt journals, TD4 forms submitted to CRA, TD4 forms given to employees, criminal check(optional), valid work permit (if applicable), TD1 and TD1AB as well as Record of Employment (if applicable)	
7.	Payroll records such as; employee earning record (pay period identifying earning as regular or holiday or vacation, gross earnings, deductions i.e. EI, CPP, Income Tax, and Total as well as net pay and cheque number), payroll registry (employee earnings, deductions, net pay, total employer portion, amount remitted to CRA, total submitted to CRA), and record of caregiver payments (month, date of payment, caregiver name, hours worked, hourly rate of pay, total amount paid, caregiver signature and total paid out of SMC funds)	
8.	Expenditure and Receipt Journals containing information such as; year, month, and date of transaction, amount, cheque number, identification of receipt or expenditure, description, category and amount of transaction, and balance	
9.	Self Managed Care Interim Financial Reconciliation Report (Appendix C of the Self Managed Care Agreement)	
10.	Self Managed Care Final Financial Report and Reconciliation (Appendix D of the Self Managed Care Agreement)	