



## Local 2/Hospitality Industry Child & Elder

### Care Plan

209 Golden Gate Avenue, San Francisco, CA 94102 • 415/864-0506  
ChildElderPlan@local2benefits.org • www.local2benefits.org

日期: 计划年度 2018 – 2019

*Plan Year 2018-2019*

致以: 家长和看护

*Parents and Their Caregivers*

发出人: Louise Rush, 计划主任

*Louise Rush, Plan Director*

标题: 非正式托儿福利付款手续

*Informal Child Care Benefit Payment Procedures*

非正式托儿和长者/残障福利的目的是为了在你需要工作的时候, 帮助你支付一名看护来照顾你的子女。这项福利**并非**用于补充你的收入而且必须实际用于支付你家庭的看护。

*The purpose of the Informal Child Care benefit is to help Local 2 workers pay someone to care for their children while they work. These benefits are **not** intended to supplement the income of Local 2 workers and must actually be paid to the family's caregivers.*

儿童和长者看护计划制订了相关手续来确保可以准确支付看护。以下是需要留意的一些关键信息。

*The Child & Elder Care Plan has procedures to ensure correct payment to caregivers. Below are some key points that require agreement from you and your caregiver.*

#### 看护 – 请阅读并草签

#### *Caregivers – Please read and initial*

如果来自 Local2 儿童和长者看护计划的职员联络我, 我会回答关于本人在看护责任方面的问题。

*If someone from the Local 2 Child & Elder Care Plan contacts me, I will answer their questions about my child care responsibilities.*

我每月收到 100 美元或以上来照顾本文另一侧提到的孩子。\_\_\_\_\_

*I receive \$100 or more per month to care for the child referenced on the other side of this paper.*

我本人填写本文另一侧护理部分。\_\_\_\_\_

*I am the person who completed the caregiver section on the other side of this paper.*

#### Local 2 家长 - 请阅读并草签

#### *Local 2 Parents - Please read and initial*

如果我更换我所支付负责照顾我子女的看护, 我会在 30 天之内通知本计划办公室。\_\_\_\_\_

*I will notify the Plan office within 30 days if the **person I pay** to take care of my child changes.*

我向看护每月支付 100 美元或以上来照顾我的孩子。\_\_\_\_\_

*I pay my caregiver \$100 or more a month to care for my child.*



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计划年度：2018 年 9 月至 2019 年 8 月

Plan Year: September 2018 - August 2019

### 为儿童提供看护的付款证明

PROOF OF PAYMENT FOR CARE OF CHILDREN

本地 2 号工会会员：请填写

LOCAL 2 MEMBER: PLEASE COMPLETE

2 号工会会员姓名（正楷）  
Name of Local 2 Member (Print)

签名  
Signature

日期  
Date

\*

\*

\*

看护者：请由你填写

CAREGIVERS: PLEASE COMPLETE THE SECTION BELOW

看护者姓名

Name of Paid Caregiver

电话

Phone

你可以讲： 英文

Languages You Speak: English

广东话

Cantonese

其他

Other

每个月你获支付的时数

#

NUMBER of Hours You Are Paid Each Month

你所照顾的儿童姓名

Name of CHILD You Care For

每个月 2 号工会会员所支付你的看护费用

\$\$

Amount EACH MONTH You Are Paid by Local 2 Worker

你是否与支付你费用的 2 号工会会员有亲属关系？

Are you related to the Local 2 worker who pays you?

是

yes

否

no

如果是的话，你们的关系？

If yes, how are you related?

看护者姓名（正楷）

Provider Name (Print)

看护者签名

Provider Signature

日期

Date