

## Instructions for Requesting Job Development Reimbursement



The Public Authority encourages our Providers to take classes to learn new skills, increase career opportunities in the healthcare field and improve the quality of care provided to our consumers. We will pay up to **\$300.00** per year for each of our Providers to take classes that will enhance their work performance. To be approved for a class, a Provider must begin and successfully complete the course while employed by a San Mateo County IHSS consumer or while on our registry. The course/program must be scheduled while the Provider is in an off-duty status, not on work time.

### **To apply for this benefit, follow the instructions listed below.**

1. Select a course/program related to your present or probable future work assignments, which will enhance your work performance or value to the Public Authority.
2. Complete a Job Development Reimbursement Form.
3. Attach the course description from the catalogue or brochure, including information on the date, length and cost of class.
4. Mail, email or stop by our office to submit the completed form and course description at least **30** days before the class begins (see contact details below).
5. Once your request has been approved, the Public Authority will send you a copy of the approved form for your records. Please remember reimbursement is for the cost of the course and textbooks. Other expenses such as organization dues and parking are not reimbursed.
6. Within **30** days of completing the class, please send the following documents to the Public Authority:
  - a. A copy of the school grade report or other evidence that you have successfully completed the course (letter grade of "C" or better, or "pass/credit,")
  - b. A copy of the course payment receipt
  - c. A copy of your approved Job Development Reimbursement request form
7. Once all documents have been received you will be sent a reimbursement check.

### **Mail Application or Drop off at:**

**San Mateo County  
Public Authority  
225 37<sup>th</sup> Avenue  
San Mateo, CA 94403**

### **Email Application to:**

**Stacy Goldsby: [SGoldsby@smcgov.org](mailto:SGoldsby@smcgov.org)**

**REQUEST FOR JOB DEVELOPMENT REIMBURSEMENT**

Date \_\_\_\_\_

**PROVIDER'S NAME** \_\_\_\_\_

IHSS Provider# or Social Security# \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(City, State, Zip Code)

**TITLE OF PROPOSED COURSE** \_\_\_\_\_

Name of School \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Length of Course \_\_\_\_\_ Cost of Course \_\_\_\_\_  
(Number of hours)

Is this a Degree/Certificate Program? Yes \_\_\_\_\_ No \_\_\_\_\_

**Type of Program**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult/Community Education         | <input type="checkbox"/> Associate of Arts (AA) |
| <input type="checkbox"/> Certified Nurse Assistant (CNA)   | <input type="checkbox"/> Bachelor of Arts (BS)  |
| <input type="checkbox"/> Certified Home Health Aide (CHHA) | <input type="checkbox"/> Other _____            |

**COURSE CONTENT**

Describe how this course will help you in your present or future work as a homecare provider.

**Please attach a description of the course from catalog or brochure.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Public Authority Action**

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved / Reason _____ |
|-----------------------------------|---|

Approved Amount \$ \_\_\_\_\_

\_\_\_\_\_  
Public Authority Supervisor

\_\_\_\_\_  
Date