Instructions for Requesting Job Development Reimbursement

The Public Authority encourages IHSS Providers to learn caregiving skills, improve the quality of care provided to IHSS clients and to increase career opportunities in the healthcare field.

We will reimburse you up to $400.00 per fiscal year (July 1st – June 30th) to take classes or attend educational seminars or conference that will improve your work performance.

To be approved for a class you must begin and successfully complete the class while employed by a San Mateo County IHSS client or while on our registry. The course/program must be scheduled while the Provider is not on work time.

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

1. Select a course/program related to your work assignments, which will improve your skills and work performance as a care provider.

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 class 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.

To Submit Your Application:

Mail Application to:
San Mateo County Public Authority
P.O. Box 5892
San Mateo, CA 94402

Drop off Application at:
San Mateo County Public Authority
225 37th Avenue
San Mateo, CA 94403

Email application to: Stacy Goldsby at sgoldsby@smcgov.org
REQUEST FOR JOB DEVELOPMENT REIMBURSEMENT

Date _____________________

PROVIDER’S NAME ____________________________________________

IHSS Provider# __________________ (Can be found on Timesheet)

Address _________________________________ Phone (____)____________

(City, State, Zip Code)

TITLE OF PROPOSED COURSE__________________________________________

Name of School or Program ____________________________________________

Beginning Date ___________________________ Ending Date __________________

Length of Course ___________________________ Cost of Course __________________

(Number of hours)

Is this a Degree/Certificate Program? Yes______ No_______

Type of Program

☐ Adult/Community Education ☐ Associate of Arts (AA)
☐ Certified Nurse Assistant (CNA) ☐ Bachelor of Arts (BS)
☐ Certified Home Health Aide (CHHA) ☐ 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:

☐ Approved ☐ Disapproved / Reason __________________

Approved Amount $______________________________

__________________________________________

Public Authority Supervisor __________________________ Date Provider Notified

__________________________________________

Date