

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.
4. Mail or turn in the completed form and course description to the Public Authority at least **30** days before the course begins.
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. After you have completed the course, 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 To:
San Mateo County
Public Authority
225 37th Avenue
San Mateo, CA 94403**

REQUEST FOR JOB DEVELOPMENT REIMBURSEMENT

Date _____

PROVIDER'S NAME _____

IHSS Provider# or Social Security# _____

Address _____ Phone (____) _____

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

- Approved Disapproved / Reason _____

Approved Amount \$ _____

Public Authority Supervisor

Date