

Job Development Reimbursement Program for San Mateo County IHSS Providers

The Public Authority will reimburse IHSS caregivers in San Mateo County who attend qualifying classes, educational seminars, and/or conferences (online or in-person) up to **\$400.00** per **fiscal year (July 1st – June 30th)**. This benefit provides an opportunity for IHSS caregivers to explore transferrable skills that may be applicable to other careers in healthcare.

Program Eligibility

- Must be an active San Mateo County IHSS Provider and/or active Registry Provider.
- Qualifying classes, seminars, or conferences are specific to the development or enhancement of the caregiving skills needed to provide quality care to IHSS recipients.
- Reimbursement includes registration fees, lab fees, tuition, and/or class materials. Other expenses such as organization dues, technology fees, and parking are not reimbursed.
- Reimbursement must be pre-approved by the Public Authority.

Application Instructions

1. Complete the **Job Development Reimbursement Application**
2. Submit your completed application **along with a copy of the course description, dates of the course, and cost of class** to the Public Authority by mail or email at least **30-days prior** to the start date of the class. You will be notified of application status by mail or email.
3. You must notify the Public Authority if canceling or rescheduling an approved class(es). Certain rescheduled classes may require a new application.

Reimbursement Directions

Within **30-days** of completing the course/training, submit the following:

1. A copy of the course transcript, completion certificate, or other documentation stating you successfully completed the course/training.
2. A copy of the course/materials/training payment receipt.
3. **Complete the W-9 Tax Form** (This form is required by the San Mateo County Controller's Office to process reimbursement monies to an individual including an IHSS Provider).

Send documents and forms to:

Mail: San Mateo County Public Authority for IHSS

P.O. Box 5892, San Mateo, CA 94402

Attn: IHSS Job Development Reimbursement Program

Or Email: PAworkshops@smcgov.org

Once all documents have been received and approved, you will be mailed a reimbursement check within 10-14 business days.

Note: The course/program should not be scheduled during your IHSS work hours. If a course/program is only available during scheduled IHSS work hours, back-up coverage should be discussed and mutually agreed upon with your recipient prior to committing to the class/training. Hours spent on the course/program cannot be claimed as hours worked on the IHSS timesheet.

For questions, contact: Stacy Goldsby at (650) 241-5874 or PAworkshops@smcgov.org

JOB DEVELOPMENT REIMBURSEMENT APPLICATION

Date _____

PROVIDER'S NAME _____

IHSS Provider# _____

(Located on Timesheet)

Address _____

City _____ State: CA Zip Code _____

Phone (____) _____

Email _____

Course/Training: _____

Name of School or Program _____

Beginning Date _____ Ending Date _____

Length of Course _____ #Units _____ 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 _____ |

Explain how this course will help you in your present or future work as an IHSS provider.

Public Authority Action:

- Approved/Date _____ Public Authority Supervisor/Manager _____
- Disapproved/Date _____ Public Authority Supervisor/Manager _____

Reason: _____

Accounting: Date Submitted: _____