



## 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 1<sup>st</sup> – June 30<sup>th</sup>)** 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 37<sup>th</sup> Avenue**  
**San Mateo, CA 94403**

**Email application to: Stacy Goldsby at [sgoldsby@smcgov.org](mailto: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

- |  |   |
|--|---|
| <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.**

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### **Public Authority Action:**

- Approved  Disapproved / Reason \_\_\_\_\_

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

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

\_\_\_\_\_  
Date Provider Notified

\_\_\_\_\_  
Date