

COVID-19 CAREGIVER COMPENSATION AUTHORIZATION

Form C19

Version Date: 2020

Instructions

Complete and sign the authorization form for each caregiver who will provide self-administered supported living (CSW/ABIW) or personal assistance (PDW). Email the form to the FMS provider to authorize payment. Upload the form into USTEPS.

Caregiver means parent, spouse, or guardian of the person in-service.

Identifying Information

Person:

PID:

Caregiver providing SL1 or PA1 service:

Support/Nurse Coordinator:

Safeguards

Caregiver meets criteria for self-administered supported living or personal assistance as outlined in the service description and qualifies to provide this service

The service is specified in the person's PCSP

No other qualified provider is available

Employing the caregiver is in the best interest of the person

Service is paid at a rate that does not exceed that which would otherwise be paid to an employee

FMS receives time sheets and other required documentation on hours worked by caregiver and support/nurse coordinator approves

Signatures

Caregiver Signature:

Date:

SCE/RN Signature:

Date: