

COVID-19 CAREGIVER COMPENSATION AUTHORIZATION

Form C19

Version Date: October 2021

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 or guardian of the person in-service.

Identifying Information

Person:

PID:

Caregiver providing SL3 or PA3 service:

Support/Nurse Coordinator:

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.

Employing the caregiver is in the best interest of the person.

The person chooses to have their parent/guardian as an employee, and this choice is supported by their Person-centered Support Team (PCST).

Caregiver burnout has been taken into consideration.

The caregiver cannot provide more than 40 hours of paid service per week.

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: