



PUBLIC AUTHORITY SERVICES BY SOURCEWISE JOB DEVELOPMENT/LIFE ENHANCEMENT FUND APPLICATION

A Life Enhancement Fund has been established for IHSS Independent Care Providers (IPs) in Santa Clara County. IPs shall be reimbursed from this fund a maximum of \$500.00 per calendar year for the cost of tuition and textbooks (but no other materials) to attend approved programs or courses of education and training.

Please note the following conditions:

- a) The program or course must be done while on off-duty status.
- b) The program or course must teach a skill relevant to the wellness or job functions of an in-home care provider.
- c) Prior to enrolling in the program the IP must submit to Public Authority Services by Sourcewise the *Job Development/Life Enhancement Fund Application* listing the name of the program or course, the instructor(s) and the dates of attendance. This application form must be submitted no less than **thirty (30) calendar days prior to the beginning date** of the course or program. The Public Authority will review the application and notify the IP of approval or denial within ten (10) business days following receipt of the application.
- d) The IP must begin and successfully complete the program or course while employed by a consumer or while active on the Registry.
- e) Upon completion of the program or course, the IP must submit to Public Authority Services a request for reimbursement together with any receipts for tuition and textbooks, accompanied by a copy of the school grade report or a certificate of successful completion.
- f) Should the amount dedicated to the Job Development/Life Enhancement Fund be exhausted in any given year, further applications will not be accepted that year. For purposes of this Section a year shall be considered January 1 through December 31.

Please complete and submit the attached application in one of the following ways:

Email: patraining@pascc.org

Fax: (408) 296-8340 RE: Life Enhancement Fund

Mail: Public Authority Services by Sourcewise
RE: Life Enhancement Fund
3100 De La Cruz Blvd, Suite 310
Santa Clara, CA 95054



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Name: _____ Date: _____

Address: _____

Phone: _____ IP Status (circle one): Active/Working
Provider ID #: _____ Not Active/Not Working
Active on the Registry

Title of the class you are requesting approval for: _____

What is the name and address of the institution offering the class? (For example: community college, adult education, community center, Red Cross, etc.)

Instructor(s) Name: _____

Dates of the class: _____

Please describe briefly the class you are submitting the request for:

What is the cost of the class and text(s): _____

You will be contacted by the Public Authority within ten (10) working days following receipt of this application as to approval or denial. If it is approved you are responsible for submitting receipts and proof of enrollment in the class as well as proof of completion of the class in order to receive reimbursement of expenses up to a maximum of \$500 per year. Only those costs listed on appropriate receipts will be considered for reimbursement.