Reimbursement Cover Page/Checklist And Request Instructions

Facility Information

State Facility Number_____   City_____

Facility Name_____

Participant Information

Participant Name (Last, First)_____

Requirements for requesting reimbursements have been modified due to additional information requested from our granting source.   As of November 1, 2023, ALL reimbursement requests must be as follows:

1. Only one participant per request.
2. Reimbursement requests may be submitted for Training or Testing (up to two attempts allowed), or one Reimbursement request may be submitted for BOTH the Training and Testing for the one participant.
3. Each request must be accompanied by the following documents (in the following order if possible):
    1. **Cover Page/Checklist for Documents**. (this page). [Online form would a link to this document]. Form must be printed and filled out for each request, then scanned and uploaded as part of each request.
    2. **Reimbursement Request Form**. (2nd page of this document). This form must be completed in total for each request, then scanned and uploaded as part of each request.
    3. **Proof of Payment**. Acceptable documents are limited to those listed below, for everything submitted with this request – Training, Testing, or both.
        1. Copy of a check showing payment that matches this reimbursement request.
        2. Copy of a credit card receipt showing payment that matches this reimbursement request.
        3. A "paid" or "Zero Balance Due" Invoice that matches this reimbursement request.
    4. **Participant record**.
        1. If Reimbursement request includes Training, a Certificate of Completion for the training program must be included.
        2. If Reimbursement request includes Testing, the Testing Score Report, or a screenshot of the Nurse Aide Registry record for participant.
4. This means that each Reimbursement request must include at least four documents that must be uploaded with the request. Alternatively, if your office has access to PDF combining programs (Acrobat, Nitro Pro), we welcome and appreciate those who combine all these documents into one PDF that is uploaded.
5. Each submission should include minimal identifying information by completing the ONLINE FORM database fields below.
    1. Facility Name
    2. State ID Number
    3. Requested by
    4. Email address of requestor
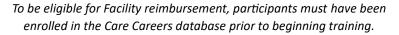   5. Total Amount of Request
    6. Participant Name
    7. Participant Category
    8. (Document Attachment Link)
6. Any variation from the above will result in significant delays in approval of the Reimbursement request.

Reimbursement Request Form

To be eligible for Facility reimbursement, participants must have been enrolled in the Care Careers database prior to beginning training.

Facility Information

State Facility Number_____   City_____

Facility Name_____

Participant Information

Participant Name (Last, First)_____

Training Program Information

Program Goal   CNA ☐   CMA ☐   DDCA ☐

Training Program Code_____   Training Program Provider Name_____

Training Program Enrollment Date_____   Training Program Conclusion Date_____

Training Program Proof of Payment Documentation Included:

    Select One: Copy of Check ☐   Credit Card charge receipt ☐ $0 Balance Invoice ☐   N/A ☐

Each Request for Training **must** include a Certificate of Completion.

Reimbursement will be for the actual amount incurred, up to a maximum of $800 per CNA; $450 per CMA.

Testing Information

Participant's First Reimbursable Testing Attempt   Pass ☐   Fail ☐   N/A ☐
Participant's Second Reimbursable Testing Attempt   Pass ☐   Fail ☐   N/A ☐

Testing Reimbursement Proof of Payment Documentation Included:

    Select One: Copy of Check ☐   Credit Card charge receipt ☐ $0 Balance Invoice ☐   N/A ☐

Each Request for Testing **must** include a Testing Score Report or completed Nurse Aide Registry.

Reimbursement, per attempt, will be for the actual amount incurred, up to a maximum of $200 per CNA; $100 per CMA.

Care Providers will only reimburse up to two (2) testing attempts.

Total Reimbursement Request (must balance with attached documentation)

Training Program Fee   _____

Testing or Exam Fee   _____

2nd attempt Testing, Exam Fee (if applicable)   _____

Total   _____