

Initial Application of Intent to Request Grant Monies

(To be completed & submitted at time of new nurse aide hire.)

We agree to the following Responsibilities:

Facility:

- Provide for an effective orientation.
- Complete “Application of Intent to Request Grant Monies” for student.
- Enroll them in a nurse aide certification course.
- Provide them with uniform & equipment required by the course.
- Pay the student wages while taking the nurse aide certification course & clinicals.
- Pay the student a retention bonus of \$500 upon the student working 1040 hrs.
- Provide for and encourage the student through an Id Department of Labor “approved” apprenticeship program.
- Provide ongoing efforts to recognize excellent caregivers.
- Provide competitive wages & benefits.
- To provide complete & timely submission of “Request for Reimbursement” with supporting documentation, to IHCA Foundation.
- In the event of a “Change of Ownership,” the facility MUST retain copies of all documentation, supporting all “Request for Reimbursement” submissions made to IHCA Foundation.

Student:

- Open and honest communication with the employer/mentor regarding orientation/training/job satisfaction.
- Establish a study schedule for successful completion of the nurse aide certification course.
- Pass the written & skills test and be added to the CNA Registry.
- Provide proof of graduation from a nurse aide certification course, to the facility.
- Commit to work at least 1040 hours at the facility.
- Commit to progressing through an apprenticeship program.

Administrator’s Name (Please Print)

Student’s Name (Please Print)

Administrator Signature

Student Signature

Date

Hire Date

Facility Name

Revised: 8.20.18

Send to: IHCA Foundation ~ 1524 W. Cayuse Creek Drive ~ Meridian ~ Idaho ~ 83646

e-mail: caregivergrant@idhca.org

fax: 208.343.6891

Request for Reimbursement
 (Submit after all items are completed.)

 Student's Name

 Date of Hire

Checklist of required documentation	Enter Cost
<input type="checkbox"/> Copy of student's new hire Orientation Checklist.	attach
<input type="checkbox"/> Tuition fee paid in full	\$
<input type="checkbox"/> Exam fee paid in full	\$
<input type="checkbox"/> Cost paid for uniform & equipment provided to student, as required by the college.	\$
<input type="checkbox"/> Wages paid to student while in nurse aide course & clinicals.	\$
<input type="checkbox"/> Copy of the Certificate of Completion from the college.	attach
<input type="checkbox"/> Verification student has been added to CNA Registry.	attach
<input type="checkbox"/> Student & facility support pursuing apprenticeship ladder &/or mentorship program.	
<input type="checkbox"/> Student has worked 1040 hours and facility paid student \$500 retention bonus.	Not reimb.
Subtotal COST:	\$
Request reimbursement of: COST x (Percent of NON-MEDICAID census today) Example: Training cost of \$2400 X 25% (25% of census is NON-MEDICAID) \$2400 X 25% = \$600 Amount of Caregiver Grant reimbursement	\$

Facility is required to retain copies of all supporting documentation for 7 years.

By signing below, you are confirming that everything stated in this "Request for Reimbursement" to the facility, is truthful and accurate.

 Administrator (Please Print)

 Student (Please Print)

 Administrator Signature

 Student Signature

 Date

 Date

 Facility Name

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