

**OCDD REQUEST FOR HAZARD PAY –  
HCBS PROVIDERS**

Participant's Name: (List only 1 participant per form.)	Direct Service Workers (DSWs) Eligible for Hazard Pay (Print first and last name):	*Third Party EVV DSW Employee ID:	TO BE COMPLETED by the HCBS Provider:		TO BE COMPLETED by the SC (after verified by the HCBS provider):	
			<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
			<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
			<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
			<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
			<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible

**\*The Employee ID is required ONLY for HCBS providers who use a third party EVV system. The Employee ID must match the information transmitted to LaSRS by the third party EVV system.**

I understand that only COVID-19 positive tests reported to the SCA will be considered for this hazard pay process.

I understand that the following individuals who became DSWs under the **COVID-19 exceptions** are **NOT eligible** for hazard pay:

\*Legal guardians, including parents of minor children

\*Household members that became DSWs under the exception process

I have verified that the DSW(s) listed above are eligible or ineligible for hazard pay based on the OCDD Hazard Pay policy/criteria and marked the appropriate box in the table above.

\_\_\_\_\_  
Provider Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Representative's Name and Title (Printed)

\_\_\_\_\_  
SCA Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCA Representative's Name and Title (Printed)

**To Be Completed By SCA Only**

LaSRS Positive COVID-19 Test Date	# of Days Released (14 or 40)	End Date (add 14 or 40) to COVID-19 Test Date	SC Supervisor Completing Data Entry

**SCA - Forward copy of completed form to the LGE**