

**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	End Date	SC Supervisor Completing Data Entry

SCA - Forward copy of completed form to the LGE