# Caregiver Stipend Process

# Response to COVID-19

**PLEASE NOTE:** Care providers are not vetted by Confluence Health. Parents/guardians should conduct their own vetting process prior to utilizing any care provider.

If you do not already have trusted care providers, **Care.com** is an online resource for local providers of infant, child, and adult care providers.

*These links are being provided only as a convenience for finding a resource; it does not constitute or imply an endorsement, or recommendation favoring the use of Care.com. Parents/guardians should conduct their own vetting process prior to utilizing any care provider.*

## FOR INFORMATION ON CARE.COM PLEASE USE THE FOLLOWING LINKS:

**About Care.com**: https://www.care.com/company-overview

**Safety Center at Care.com:** https://www.care.com/safety-center

**Care.com's "5 Steps to Hiring Safety:"** https://www.care.com/safety-guide

## STIPEND PROCESS

1. Manager schedules staff member outside of normal shift window (day and/or time) due to increased staffing demands in response to COVID-19
2. Manager provides this cover sheet & form (see next page) to staff member
3. Staff member completes form with required information and signatures
4. Staff submits form to manager for approval and signature by end of the pay period
5. Form submitted to **DGPAYROLL@confluencehealth.org**
6. Employee reimbursed as part of regularly scheduled payroll

**Questions?** Contact Laura Lee Weaver, Director of Comp & Benefits, **x: 66846**
**laura.weaver@confluencehealth.org**

# Caregiver Stipend Process
# Response to COVID-19

**A stipend will be provided to help offset the cost of the care of your qualifying dependents*** for shifts scheduled outside of regularly scheduled shifts/shift window in response to staffing demand resulting from COVID-19.

***Qualifying dependents are elderly parent(s)/grandparent(s), dependent(s) with disabilities, and children 12 years of age or under.***

**PLEASE NOTE:** Care providers are not recommended/vetted by Confluence Health. Parents/guardians should conduct their own vetting process prior to utilizing any care provider.

## REIMBURSEMENT AMOUNTS:

**1 dependent** = $15 per hour

**2 dependents** = $20 per hour

**3-4 dependents** = $25 per hour

**Overnight Care** (flat fee to include all dependents) = $75

**CH Employee Name:** _____ **Department:** _____

### CARE PROVIDER CONTACT INFORMATION

Name:_____Phone Number:_____

Address:_____

### CHILD(REN) INFORMATION

Number of Children

1 2 3 4

Age of Child

_____

### QUALIFYING DEPENDENT INFORMATION

Number of Dependents

Reason for Care

_____

# CARE TRACKING LOG

| DATE | DROP-OFF/CARE START TIME | PICK-UP/CARE END TIME |
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_____ _____

*Signature of **Care Provider***

*Signature of **CH Employee***

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*Signature of **CH Supervisor/Manager***

Confluence HEALTH