Quarter 2: Direct Care Workforce Attestation Report

New! Payment Control Numbers

1. Enter your control numbers and corresponding payment amounts for the Quarter 2 Direct Care Workforce payments in the fields below using the following directions:

   a. Enter each control number only once.
   b. The survey will suggest a list of valid control numbers after you type the first few digits.
   c. Either select your control number from the list or continue entering the control number.
   d. Typing in a valid control number should result in a single suggestion that matches your entry.
   e. Review your control number if none of the suggestions match the number you entered.
   f. Complete all other required fields to proceed to the next page.

The survey will only save valid control numbers. If you are not sure the control numbers you entered are valid, proceed to the next page and use the buttons at the bottom of the survey to return to this page. The survey will have removed any invalid control numbers.
*

Control Numbers *

Control Number 1

Control Number 2

Control Number 3

Control Number 4

Control Number 5

Control Number 6

Control Number 7

Control Number 8

Control Number 9

Control Number 10

Payment Amounts *

Payment for Control Number 1

Payment for Control Number 2

Payment for Control Number 3

Payment for Control Number 4

Payment for Control Number 5

Payment for Control Number 6

Payment for Control Number 7

Payment for Control Number 8

Payment for Control Number 9

Payment for Control Number 10

2. Please enter the total dollar amount of all payments you listed in Question 1. *

[   ]

3. Indicate how you allocated the direct care workforce funding for the control numbers you listed in
Question 1. The sum of the allocation should equal the total dollar amount you entered in Question 2.
  *

[   ]   Wage increases

[   ]   Retention or longevity bonuses

[   ]   Performance bonuses

[   ]   Employee paid time off

[   ]   Staff referral bonuses

[   ]   Sign on bonuses

[   ]   Employer payroll taxes resulting from other direct care
                        workforce payments

Total : 0

4. Why did your organization choose the funding uses indicated in Question 3? *

[   ]

5. Are you aware of any instances in your organization where the direct care workforce funding made the difference in your ability to retain or recruit a direct care worker? If so, how many instances are you aware of? *

   ○ No.

   ○ Yes. One instance.

   ○ Yes. Two instances.

   ○ Yes. Three or more instances.

6. Overall, how much of an impact do you believe the direct care workforce funding has had on your ability to recruit and retain direct care workers?

*

Significant positive impact	Some positive impact	No impact	Some negative impact	Significant negative impact
○	○	○	○	○

Attestation for Quarter 2

7. I hereby attest that I have been authorized to complete this attestation and survey on behalf of my organization.

I attest that the direct care workforce funding my organization received was used for wage increases, retention and/or longevity bonuses, performance bonuses, employee paid time off, staff referral bonuses, or sign on bonuses to direct care workers, or that part of the funding was used to pay for employer payroll tax increases that resulted from the aforementioned increased payments to direct care workers.

I further attest that my organization has documentation and will maintain documentation proving the amounts paid to individual direct care workers and that these payments to direct care workers occurred on or after January 1, 2018. I attest that the information in the remainder of this survey response is accurate to the best of my knowledge and ability.
*

The above attestation was completed by (fill in all information): *

First name	
Last name	
Title	
Organization	
Work address	
Phone (Format: 222-222-2222)	
Date (MO/DY/20XX)	

Please provide your electronic signature *

Clear

- -

Sign name using mouse or touch pad

Signature of [   ]

Please choose one *

○ This is my original submission for the control numbers.

○ This is a revised submission for the control numbers.

8. Please enter the email of the person responsible for completing this survey. A copy of your responses will be sent to this email address after you complete the survey. *

9. Please confirm the email of the person responsible for completing this survey. *