



Community Fund Ohio
17900 Jefferson Park, Suite 102 • Middleburg Heights, OH 44130
Phone: 216.736.4540 • Fax: 216.867.9783
www.communityfundohio.org

Distribution Policy: Caregiving and Related Services

This policy applies to all Distribution Requests to pay for services provided to a Beneficiary by a person or entity that does not offer similar services to the public, for example, family members or friends. This does **not** apply to independent contractors or agencies who provide similar services to the public.

- The hourly rate may not be more than \$20.00 per hour.
- All Distribution Requests must include a log that identifies:
 - The full name of the person providing the service
 - The relationship between the service provider and the Beneficiary
 - The date(s) of service
 - The start and end times
 - The type(s) of service
- It is recommended that the log be signed by the Beneficiary, if he or she is a competent adult, or the Beneficiary's guardian, power of attorney, or Designated Advocate. Logs submitted for payment directly to the Designated Advocate that are not approved by another party may not be accepted.
- Community Fund Ohio will consider approving travel time **or** reimbursement for mileage at the applicable IRS rate, but not both. Any Distribution Request for travel time or mileage must include detailed information about the miles driven, the reason for the travel, and anything else that supports the Request.
- All Distribution Requests must be submitted after the services have been provided and shall either be a reimbursement to someone other than the Beneficiary or a direct payment to the caregiver.
- Neither Community Fund Ohio nor our Trustee shall act as the employer.
- A personal services contract or related document is not binding on Community Fund Ohio.
- A Designated Advocate may submit additional documentation such as a letter in support of the distribution if the proposed Distribution Request does not follow these policies.

Distribution Requests that are likely to be denied:

- Advances for caregiving services.
- Distribution Requests that are not supported by documentation.
- Distribution Requests that rely solely on a personal services contract.
- Distribution Requests for more than 10 hours per week if the Beneficiary resides in a long-term care facility or group home.

This policy and other distribution policies are available on our website.



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Caregiving/Companionship Log

Beneficiary Name: _____ Agreement Number: _____

Caregiver Name: _____ Relationship to Beneficiary: _____

I declare that the information provided on this form is accurate and the services provided were only for the trust Beneficiary.

Caregiver Signature: _____ Date: _____

Beneficiary Signature (Optional): _____ Date: _____

Date of Service	Start Time	End Time	Total Time	Service(s) Provided

Total Hours: _____ x Pay Rate: _____/hour = **Total Amount Requested \$** _____

IMPORTANT TAX NOTICE: Please be advised that Community Fund and Huntington do **not** issue 1099 or W-2 forms to service providers hired by a Beneficiary or Designated Advocate. While Community Fund and Huntington may receive and process Distribution Requests related to these services, neither are involved in the hiring or firing of service providers. Therefore, neither Community Fund nor Huntington is responsible for the issuance of 1099 and/or W-2 forms, if needed. **Please consult your tax advisor to determine if a 1099 or W-2 needs to be issued for a non-agency caregiver or other service provider that has been hired by or on behalf of a Beneficiary.**