

# DSWV CLAIM CHECKLIST

(02.2023)

## REQUIRED DOCUMENTS (CCR §2573.3) DSWV Program Fax: (916) 845-8394

### 1. eSCIF 3301, Workers' Compensation Claim Form (DWC) (Rev 6/18)

- Registering agency or supervisor provides the form to the injured DSW Volunteer (IDV) within one day of injury knowledge.
- 1 – 9 IDV completes and returns the form to the registering agency or supervisor.
- Registering agency or supervisor provides a copy to the IDV as proof of filing.
- 10 – 19 Registering agency or supervisor completes. 15 – 16 Pre-filled.
- Registering agency or supervisor submits the form to State Fund and Cal OES within one working day after receipt from IDV.

### 2. eSCIF 3267, Employer's Report (Rev 11-13) – Completed ONLY by Registering Government Agency or Supervisor NOTE: Complete both front and back.

- 1 Enter registering agency name, e.g. (Name) County Sheriff's Office, (Name) County OES. 1a Pre-filled.
- 2 - 3 Enter registering agency address and phone number. 4 & 6 Pre-filled. 5 Leave blank.
- 7 - 34 Complete. If unknown regarding wages, days paid, & medical provider information, leave blank.
- 35 & 42 Enter regular job. **DO NOT** enter DSW classification.
- 36- 40 Complete. If unknown, leave blank.
- Print and sign the name and include a title.
- 41- 43 Complete. 41 Enter regular job. **DO NOT** enter DSW classification.
- Submit the completed form to State Fund within 5 calendar days of injury knowledge.

OR

Complete the 3267 at the 24-Hour Claims Reporting Center (888) 222-3211

### 3. DSW Registration and Oath (Cal OES Rev 2.2023)

- Classification       Registering Agency Name       Signature of Authorized Person and Title
- Registration Date    Registrant Name & Signature    Registrant Address    Oath Subscription

### 4. Incident Narrative (NOT written by the injured volunteer)

- Brief/clear written account of the incident – may include witness statements.

### 5. Training Pre-Authorization AND Verification – IF INJURY RESULT of TRAINING

- Training pre-authorization    Training document verifying IDV's participation

#### DISASTER SERVICE WORKER VOLUNTEER PROGRAM CONTACT

Don Glueckert  
Cal OES, Program Lead Contact  
donald.glueckert@caloes.ca.gov  
(916) 845-8328