HOW TO
Document Your Home Helper’s Time and Pay
Scheduling Services:

- One ISS consumer receives 8-10 hours per month:
  8 hours in 4-week month, 10 hours in a 5-week month.
  For couples: Each individual receives 7.5 hours monthly for a combined total of 15 hours
  Maximum hours per calendar year: 104

- How you schedule those hours over the month is up to you and your Home Helper. Scheduled appointments that have to be cancelled due to inclement weather, as an example, can be rescheduled between you and your Home Helper, but must be rescheduled before the end of the calendar month.

- Use a calendar to keep a running monthly total of the hours, to make sure that you do not exceed these totals.

- Submit time sheets every two weeks according to the schedule that you receive in your monthly SD packet. Checks are sent every other Friday.

- The mailing address and fax number are on every time sheet.

- You will receive a Self-Direct packet each month, including timesheets plus a few mailing labels.

Completing Time Sheets

- Enter the time your Home Helper arrives and leaves.

- Enter time in ¼ hour (15 minute) segments, always rounding to the nearest quarter hour, express as .25, .50, or .75.

- Clearly print your name on the “Consumer Name” line and sign on the “Consumer Signature” line. Your Home Helper, the employee, signs on the “Employee Signature” line.

- Mail timesheets to ISS EVERY two weeks.

Please review sample on the following pages.
How to Document Your Home Helper's Time and Pay

Catholic Charities Maine ISS Phone Number: 1-888-477-2263

Fax 207-329-7294 or E-mail ISSTIMESHEETS@CCHARMECORG

Mail after your last week of the week.

Worker Phone # 207-660-0000

Worker Name (first) _______ (last) _______

Catholic Charities Maree

MAIL TO:

Worksignature

Consumer Signature

Consumer meets with Client, signs and requests the written comments or designation of signature.

<table>
<thead>
<tr>
<th>Day</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tue</td>
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<td>Wed</td>
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<td>Fri</td>
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<td>Sat</td>
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</tbody>
</table>

ISS Worker Tasks

- Organizing
- Grocery/Errands/Transportation
- Vacuum/Sweep/Mop/Polish
- Fresh Flowers
- Clean Food Storage
- Laundry
- Living Rooms/Dusting/Counterns
- Empty Trash
- Dusting/Window/Cleaning
- Clean Bedroom
- Clean Bathroom
- Clean Kitchen
- Clean Bathrooms
- Clean Clothes/Bed Linens
- Make Beds
- Change Bed Linens
- Change Linens
- Clean Bathrooms
- Clean Bathrooms
- Change Bed Linens
- Make Beds

Week Start Date 6/8/19

Week End Date 6/15/19

Consumer Name (last) _______ (first) _______

Catholic Charities Maine Independent Support Services (ISS)

Self Directed Care Timesheet
### How to Document Your Home Helper's Time and Pay

**Mail To:**
Catholic Charities Maine
P.O. Box 19660
Portland, ME 04104-0660

**Mail after your next visit of the week.**

**Worker Name:** Self
**Worker Phone:** 207-0000-0000

<table>
<thead>
<tr>
<th>Total Hours for</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Hour For Week</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Day</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Service Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>6/11 9:30AM</td>
<td>11:30AM</td>
<td>2</td>
</tr>
</tbody>
</table>

**Consumer Signature**

**Worker Signature**

**Week Start Date**
6/9/19

**Week End Date**
6/15/19

**ISS Worker Tasks**
- Organizing
- Vacuuming/Smother Storage
- Meal Prep/Food Storage
- Laundry
- Living Area/Cleaning/Accumulating
- Empty Trash
- Duting/Washing/Trashing
- Clean Bathroom
- Clean Bedroom/Making/Change Bed
- Clean Kitchen

**Self-Directed Care Time Sheet**
Catholic Charities Maine Independent Support Services (ISS)

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1. Fill in the total hours for the week.
2. Record the time in and time out for each day.
3. Sign the consumer and worker.
4. Mail the form after your next visit.
How to Document Your Home Helper's Time and Pay

Worker Name (first) ___________________________  (last) ___________________________
Worker Phone # 207-000-0000

Weekly Hours

<table>
<thead>
<tr>
<th>Day</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>9:00am</td>
<td>11:00am</td>
<td>2.00</td>
</tr>
<tr>
<td>Wed</td>
<td>9:00am</td>
<td>11:00am</td>
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<tr>
<td>Fri</td>
<td>9:00am</td>
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<tr>
<td>Sat</td>
<td>9:00am</td>
<td>11:00am</td>
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<tr>
<td>Sun</td>
<td>9:00am</td>
<td>11:00am</td>
<td></td>
</tr>
</tbody>
</table>

Total Weekly Hours: 2.00

Date: 6/18/19

Consumer Signature: ___________________________

Worker Signature: ___________________________

Employer Note: This form is designed to help track home helper's time.

Catholic Charities Maine Independent Support Services (ISS)
Self-Directed Care Timesheet
How to Document Your Home Helper’s Time and Pay

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Total Hours for Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shopping/laundry</td>
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<td></td>
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<tr>
<td>Cleaning/laundry</td>
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<tr>
<td>Vacuum/laundry</td>
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<td>Meal Preparation</td>
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<td>Laundry/laundry</td>
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<tr>
<td>Living Room/Cleaning</td>
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<td></td>
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<tr>
<td>Dishes/laundry</td>
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<tr>
<td>Clean bathroom</td>
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<tr>
<td>Clean Bedroom</td>
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<tr>
<td>Bedroom/Cleaning</td>
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<td>Front door/locked during walk</td>
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</tbody>
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Week Start Date: 6/23/19
Week End Date: 6/29/19

Consumer Name (Last, First): June J. Lee

Catholic Charities Maine Independent Support Services (155)
Self Directed Care Time Sheet