Helpers, Inc.

Helper Name: _____

Child's Name: _____
(First) **(Last)**

Address: _____

City, State, Zip: _____

Phone Number: _____

Billing Cycles		
Work Dates Covered	Due Dates Of Time Sheets	Pay Dates
1st – 15th	17th	5th of the following month
16th – 31st	2nd	20th of the following month

Mark an "X" for each activity performed

ONLY record: 1st-15th OR 16th-31st Date mo/day/year	Time In **AM**	Time Out **AM**	Time In **PM**	Time Out **PM**	Total Hours	Academics	Toileting/Bathing	Dressing	Meal Pre/Eating	Housekeeping/Laundry	Money Management	Recreation	Shopping	Social Skills	Transportation	Service Provided **SHC** (Supportive Home Care) **PAS** (Personal Assistance Services	Helper's Initials	Parent/ Guardian's Initials
/ /																		
/ /																		
/ /																		
/ /																		
/ /																		
/ /																		
/ /																		
/ /																		
/ /																		
/ /																		
/ /																		
/ /																		
/ /																		
/ /																		
/ /																		
/ /																		
/ /																		

TOTAL HOURS: _____

I certify that the service hours recorded on this form are correct and the service was satisfactorily performed. **Please fax to 913-221-0379 or e-mail to info@helpersinc.org within 48 hours of the billing cycle.** For assistance call 913-322-7212.

_____/_____ _____/_____
Signature of Helper / Date Signature of Parent or Guardian / Date