Helpers, Inc.

Helper:_____ **Recipient of Services:**_____
(First) (Last) **(First & Last Name)**

Last 4 digits of S.S.#: ___ ___ ___ ___

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 **PAS** (Personal Assistive Services)	Helper's Initials	Parent/ Legal Guardian's Initials
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TOTAL HOURS: _____

I certify that the service hours recorded on this form are correct and the service was satisfactorily performed.
Please fax to 913-322-7250 or e-mail to info@helpersinc.org within 48 hours of the billing cycle.
For assistance call 913-322-7212 or toll free at 877-285-7603.

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

***Please note**: If you are the Helper and the Parent or Legal Guardian, you must have someone else sign and verify your timesheet. You cannot initial or sign as both the Helper and Parent or Legal Guardian.