

Helpers, Inc.



Helper: _____
 (First) (Last)

Recipient of Services: _____
 (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
1 st - 15 th	17 th	5 th of the following month
16 th - 31 st	2 nd	20 th of the following month

****Mark an "X" for each activity performed****

ONLY record: 1 st -15 th OR 16 th -31 st Date mo/day/yr	Time In	Time Out	Time In	Time Out	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	Client or 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 Client or Legal Guardian / Date