In-Home Supportive Services (IHSS)

Fair Labor Standards Act (FLSA)

Participant Worksheets

The following worksheets will help IHSS recipients and providers better understand the new IHSS program changes that began February 1, 2016, as required under the FLSA and California state law, and how these changes may impact them.

February 2016

California's In-Home Supportive Services (IHSS) program makes it possible for qualified aged, blind, and/or disabled individuals to remain safely in their own homes, where they can enjoy personal freedom and independence, and continue being a part of their community.

This handbook will help IHSS recipients and providers better understand the new IHSS program changes **that began February 1, 2016**, as required under the Fair Labor Standards Act (FLSA) and California state law, and how these changes may impact them.

These new changes require paid overtime and travel time compensation, under certain conditions and within specific limits, and violations, with consequences, when these laws are not followed.

The following worksheets will assist recipients and providers in understanding and correctly applying the new changes in order to prevent delays in payment and prevent violations so that they may continue receiving IHSS benefits.

Key Terms Worksheet

The following are new and important key terms IHSS recipients and providers must know and understand. In the space provided, please write the definition in your own words or fill in the missing words.

1. **Monthly Authorized Hours**: _____
   _____
   _____

2. The IHSS **Workweek:** Begins at _____ (time) on _____ (day), and ends at _____ (time) the following _____ (day).

3. **Maximum Weekly Hours:** _____
   _____
   _____

4. **Overtime**: _____
   _____
   _____

5. **Travel Time**: _____ providing services at one recipient's home to providing services at another recipient's home on the same workday. A provider may be paid up to a total of **7 hours of travel time per workweek**. Travel time paid to providers will not be deducted from their recipients' monthly authorized hours.

6. **Violations**: _____ of the failure to comply with _____ and _____ limitations. A violation could cause a provider to be _____ from the program or _____ as an IHSS provider.

Timesheet Tips Worksheet

Proper completion and review of timesheets by recipients and providers will make sure that _____ get paid on time.

It is important for providers to follow the directions written on their timesheets, which includes the following:

1. Only use _____ ink and press firmly.
2. Both the recipient and provider must _____ and _____ the back of the timesheet.
3. Cut along the dotted line.
4. Do not _____ the timesheet
5. Only enter hours and minutes for each day worked.
6. Only mail _____ timesheet per _____.
7. Place the correct _____ on the outside of the envelope.

These tips will help providers in correctly completing and submitting their timesheets.

How to Prevent Violations Worksheet

It is important for recipients _____ providers to follow all of the IHSS program and timesheet rules so providers do not work and claim excess hours. If providers fail to comply with the _____ and _____, they will get a violation.

The following will result in a violation:

1. Working more than _____ hours in a workweek for a recipient _____ the recipient getting approval from the county when the recipient is authorized less than 40 hours in a workweek;
2. Working _____ hours for a recipient than the recipient is _____ in a workweek without getting _____ from the county and this causes the provider to work more overtime hours in the month than they _____ would;
3. Working more than _____ hours in a workweek when the provider works for _____ recipient;
4. Claiming travel time of more than _____ hours in a workweek.

If a provider has violated the weekly hourly overtime and/or travel time limitations, the county will send the provider a _____.

A notice will also be sent to all of the _____ that the provider works for informing them of the violation. These notices will include details of the reason for the violation.

The provider has _____ **days** from the date of the violation notice to request a _____ of the violation. Once the county receives the request for review, the county has **10 days** to review and investigate the violation. The provider will receive a notice stating the _____ of the review.

The third and fourth violation notice will explain how the provider may request a review by the California Department of Social Services Adult Programs Division's Appeals Unit. The provider must request the review within **10 days** of the date of the county notice.

Adjustment to Maximum Weekly Hours Worksheet

When overtime requires approval:

- If you never had approval to work over 40 hours because this is not your normal schedule
- If you will exceed your pre-approved overtime hours due to a change in schedule

Example 1: Steve

Provider Steve works 30 weekly hours providing services for his recipient, Nicole. One week Nicole gets sick and requires Steve to remain for an extra two hours to assist her.

Does Nicole need to request approval from the county to adjust Steve's schedule?

Why or why not?

Example 2: David

David works a total of 65 hours providing services for his two recipients, Peter and Denise. Denise's maximum weekly hours are 35 and David is her only IHSS provider. In one week, Denise needs David to work an additional hour and tells him she will adjust his weekly hours the following week so that he works 1 hour less for her.

Does Denise need to request approval from the county to adjust David's schedule?

Why or why not?

What changes must David make to his schedule?

Example 3: Jack

Provider Jack works 45 weekly hours providing services for his recipient, Sarah (a total of 20 hours overtime in the month). One week Sarah requests Jack to work an additional two hours to assist her. She tells him that she will adjust his work schedule in the next week so that he works two less hours that week to make up the time and to keep him from working over her monthly authorized hours. Jack normally has 10 overtime hours in the two week period. By increasing Jack's hours in the first week to 47 and reducing his hours down in the following week to 43 and having Jack work his regular schedule for the remainder of the month, Sarah maintains Jack's overtime hours to 10 hours for the two week period.

Does Sarah need to request approval from the county to adjust Jack's schedule?

Why or why not?

If Sarah requests Jack to work an additional fifteen hours in the first week for a total of 60 hours and adjusts his work schedule in the following weeks so that he works 43 hours in the 2nd week and then 37 hours and 40 hours in the remaining weeks, does Sarah need to request approval from the county to adjust Jack's schedule?

Why or why not?

Adjustment to Maximum Weekly Hours Worksheet - Key

When overtime requires approval:

- If you never had approval to work over 40 hours because this is not your normal schedule
- If you will exceed your pre-approved overtime hours due to a change in schedule

Example 1: Steve

Provider Steve works 30 weekly hours providing services for his recipient, Nicole. One week Nicole gets sick and requires Steve to remain for an extra two hours to assist her.

Does Nicole need to request approval from the county to adjust Steve's schedule? *No.*

Why or why not? Because the increase in hours will only increase his weekly hours (for that week) to 32 hours and does not result in hours over 40, Nicole **does not** need to request approval from the county to adjust Steve's schedule

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Example 2: David

David works a total of 65 hours providing services for his two recipients, Peter and Denise. Denise's maximum weekly hours are 35 and David is her only IHSS provider. In one week, Denise needs David to work an additional hour and tells him she will adjust his weekly hours the following week so that he works 1 hour less for her.

Does Denise need to request approval from the county to adjust David's schedule? *No.*

Why or why not? Since David works for 2 recipients, the maximum number of hours he can work per workweek is 66 hours. Denise's adjustment will not exceed 40 hours and no overtime is incurred; therefore, Denise does not need to request approval from the county to adjust David's schedule.

Providers should be

What changes must David make to his schedule? David **does not** have to make any changes to his schedule because he may work up to 66 hours per workweek since he works for more than one recipient.

Example 3: Jack

Provider Jack works 45 weekly hours providing services for his recipient, Sarah (a total of 20 hours overtime in the month). One week Sarah requests Jack to work an additional two hours to assist her. She tells him that she will adjust his work schedule in the next week so that he works two less hours that week to make up the time and to keep him from working over her monthly authorized hours. Jack normally has 10 overtime hours in the two week period. By increasing Jack's hours in the first week to 47 and reducing his hours down in the following week to 43 and having Jack work his regular schedule for the remainder of the month, Sarah maintains Jack's overtime hours to 10 hours for the two week period.

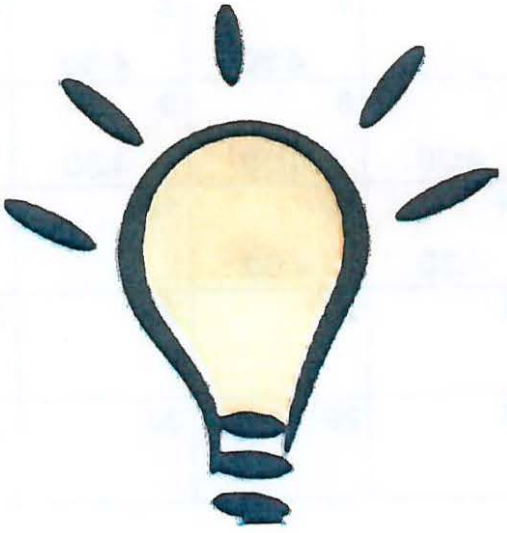
Does Sarah need to request approval from the county to adjust Jack's schedule? *No.*

Why or why not? Jack normally has 10 overtime hours in the two week period. By increasing Jack's hours in the first week to 47 and reducing his hours down in the following week to 43 and having Jack work his regular schedule for the remainder of the month, Sarah maintains Jack's overtime hours to 10 hours for the two week period. Therefore, Sarah does not need to request approval from the county to adjust Jack's schedule.

If Sarah requests Jack to work an additional fifteen hours in the first week for a total of 60 hours and adjusts his work schedule in the following weeks so that he works 43 hours in the 2nd week and then 37 hours and 40 hours in the remaining weeks, does Sarah need to request approval from the county to adjust Jack's schedule? *Yes.*

Why or why not? Jack would work 3 hours more overtime than he normally works in a calendar month. Therefore, Sarah would need to call the county for approval because Jack would be working 23 hours of overtime when he normally works 20 overtime hours in the calendar month.

One Recipient With One Provider Exercises



The following exercises will help IHSS recipients and providers apply the new program changes to different recipient and provider relationships.

Exercise #1: One Recipient with One Provider

You are the IHSS provider for an IHSS recipient whose monthly authorized hours are 140:00. The SOC 2271 and SOC 2271A informed the recipient and you that the maximum weekly hours are 35:00. You are the recipient's only provider, and you do not work for any other IHSS recipient(s).

The calendar below has the recorded hours and minutes that you worked from June 1, 2016 through June 15, 2016.

June 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 4:30	2 4:30	3 4:30	4 4:30
5 4:30	6 4:30	7 4:30	8 4:30	9 4:30	10 4:30	11 4:30
12 4:30	13 4:30	14 4:30	15 4:30	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	01	

It is June 16, 2016, and you need to complete and send in your timesheet. Complete the timesheet.

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
SOC 2261 (7/15)

IN-HOME SUPPORTIVE SERVICES
1501 SOMETHING AVENUE,
SACRAMENTO CA 90000

IN-HOME SUPPORTIVE SERVICES (IHSS)
INDIVIDUAL PROVIDER
TIMESHEET

EXERCISE #1
One Recipient with One Provider

FIRST, LASTNAME
565 SOMETHING DR.
SAN JOSE CA 95116-3439

Record your daily hours and minutes like these samples.

Did not work				
6 hours 30 minutes		6	3	0
4 hours 45 minutes		4	4	5
10 hours	1	0		
Total	2	1	1	5

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours (as shown in the "hours" field below) or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed** = hours worked and claimed in previous pay period.

Cut along

Provider #:	000000000	**Provider Name:**	LASTNAME, FIRST		
Case #:	43 01 0000000	**Recipient Name:**	LASTNAME, FIRST		
Type:	IHSS	**Timesheet No:**	4000059138		
Pay From:	06/01/2016	**Pay To:**	06/15/2016	**Hours:**	140:00

Workweek #1	***Workweek #2***	***Workweek #3***	***Workweek #4***
Claimed **: 00:00**	***Claimed*** **: 00:00**	***Claimed*** **: 00:00**	***Claimed*** **: 00:00**

S	0	0	0	0	S 05					S 12					S	0	0	0	0
M	0	0	0	0	M 06					M 13					M	0	0	0	0
T	0	0	0	0	T 07					T 14					T	0	0	0	0
W 01					W 08					W 15					W	0	0	0	0
T 02					T 09					T	0	0	0	0	T	0	0	0	0
F 03					F 10					F	0	0	0	0	F	0	0	0	0
S 04					S 11					S	0	0	0	0	S	0	0	0	0

Total _____ *Total* _____ *Total* _____ *Total* _____

Turn over and sign. →

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed =** hours worked and claimed in previous pay period.

Cut along

Detach Instructions Before Mailing

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

Recipient's Signature	Date	Provider's Signature	Date

Mail Detached Timesheet To:

IHSS Timesheet Processing Facility • PO Box 272862 • Chico, CA 95927-2862

Exercise #1: One Recipient with One Provider

Now that the timesheet is completed, answer the following questions:

1. How many hours did you work in workweek 2?

   a. Was it within the maximum weekly hours?

   b. Is an adjustment in hours needed in the following workweek(s)? Why?

   c. Is county approval needed? Why?

2. Are you eligible for travel time pay? Why?

3. Did you and the recipient sign and date the back of the timesheet?

4. Which pre-addressed envelope must be used to mail out the timesheet?

Exercise #2: One Recipient with One Provider

You are the IHSS provider for an IHSS recipient whose monthly authorized hours are 140:00. The SOC 2271 and SOC 2271A informed the recipient and you that the maximum weekly hours are 35:00. You are the recipient's only provider.

The calendar below has the recorded hours and minutes that you worked from June 1, 2016 through June 15, 2016.

June 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 2:30	2 0:00	3 2:30	4 0:00
5 6:00	6 6:00	7 6:00	8 5:00	9 7:00	10 7:00	11 5:00
12 5:00	13 5:00	14 5:00	15 5:00	16 0:00	17 0:00	18 0:00
19 0:00	20 0:00	21 0:00	22 0:00	23 0:00	24 0:00	25 0:00
26 0:00	27 0:00	28 0:00	29 0:00	30 0:00	01 0:00	02 0:00

It is June 16, 2016, and you need to complete and send in your timesheet. Complete the timesheet.

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
SOC 2261 (7/15)

IN-HOME SUPPORTIVE SERVICES
1501 SOMETHING AVENUE,
SACRAMENTO CA 90000

IN-HOME SUPPORTIVE SERVICES (IHSS)
INDIVIDUAL PROVIDER
TIMESHEET

EXERCISE #2
One Recipient with One Provider

FIRST, LASTNAME
565 SOMETHING DR.
SAN JOSE CA 95116-3439

Record your daily hours and minutes like these samples.

Did not work				
6 hours 30 minutes		6	3	0
4 hours 45 minutes		4	4	5
10 hours	1	0		
Total	2	1	1	5

Important Instructions

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2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours (as shown in the "hours" field below) or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed = hours worked and claimed in previous pay period.**

Cut along

Provider #:	000000000	**Provider Name:**	LASTNAME, FIRST		
Case #:	43 01 0000000	**Recipient Name:**	LASTNAME, FIRST		
Type:	IHSS	**Timesheet No:**	4000059138		
Pay From:	06/01/2016	**Pay To:**	06/15/2016	**Hours:**	140:00

Workweek #1	***Workweek #2***	***Workweek #3***	***Workweek #4***
Claimed **: 00:00**	***Claimed*** **: 00:00**	***Claimed*** **: 00:00**	***Claimed*** **: 00:00**

S	0	0	0	0	S 05					S 12					S	0	0	0	0
M	0	0	0	0	M 06					M 13					M	0	0	0	0
T	0	0	0	0	T 07					T 14					T	0	0	0	0
W 01					W 08					W 15					W	0	0	0	0
T 02					T 09					T	0	0	0	0	T	0	0	0	0
F 03					F 10					F	0	0	0	0	F	0	0	0	0
S 04					S 11					S	0	0	0	0	S	0	0	0	0

Total _____ *Total* _____ *Total* _____ *Total* _____

Turn over and sign. →

Important Instructions

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6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed =** hours worked and claimed in previous pay period.

Cut along

Detach Instructions Before Mailing

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

Recipient's Signature	Date	Provider's Signature	Date

Mail Detached Timesheet To:

IHSS Timesheet Processing Facility • PO Box 272862 • Chico, CA 95927-2862

Exercise #2: One Recipient with One Provider

Now that the timesheet is completed, answer the following questions:

1. How many hours did you work in workweek 2?

   a. Was it within the maximum weekly hours?

   b. Is an adjustment in hours needed in the following workweek(s)? Why?

   c. Is county approval needed? Why?

2. Are you eligible for travel time pay? Why?

3. Did you and the recipient sign and date the back of the timesheet?

4. Which pre-addressed envelope must be used to mail out the timesheet?

Exercise #3: One Recipient with One Provider

You are the IHSS provider for an IHSS recipient whose monthly authorized hours are 200:00. The SOC 2271 and SOC 2271A informed the recipient and you that the maximum weekly hours are 50:00. You are the recipient's only provider and do not work for any other IHSS recipient(s).

The calendar below has the recorded hours and minutes that you worked from June 1, 2016 through June 15, 2016.

June 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 6:00	2 6:00	3 6:00	4 6:30
5 6:00	6 6:00	7 7:00	8 6:00	9 6:00	10 7:00	11 6:00
12 6:00	13 6:00	14 7:00	15 6:00	16 0:00	17 0:00	18 0:00
19 0:00	20 0:00	21 0:00	22 0:00	23 0:00	24 0:00	25 0:00
26 0:00	27 0:00	28 0:00	29 0:00	30 0:00	1 0:00	2 0:00

It is June 16, 2016, and you need to complete and send in your timesheet. Complete the timesheet.

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
SOC 2261 (7/15)

IN-HOME SUPPORTIVE SERVICES
1501 SOMETHING AVENUE,
SACRAMENTO CA 90000

IN-HOME SUPPORTIVE SERVICES (IHSS)
INDIVIDUAL PROVIDER TIMESHEET

EXERCISE #3
One Recipient with One Provider

FIRST, LASTNAME
565 SOMETHING DR.
SAN JOSE CA 95116-3439

Record your daily hours and minutes like these samples.

Did not work				
6 hours 30 minutes		6	3	0
4 hours 45 minutes		4	4	5
10 hours	1	0		
Total	2	1	1	5

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours (as shown in the "hours" field below) or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed = hours worked and claimed in previous pay period.**

Cut along

Provider #:	000000000	**Provider Name:**	LASTNAME, FIRST		
Case #:	43 01 0000000	**Recipient Name:**	LASTNAME, FIRST		
Type:	IHSS	**Timesheet No:**	4000059138		
Pay From:	06/01/2016	**Pay To:**	06/15/2016	**Hours:**	200:00

Workweek #1	***Workweek #2***	***Workweek #3***	***Workweek #4***
Claimed **: 00:00**	***Claimed*** **: 00:00**	***Claimed*** **: 00:00**	***Claimed*** **: 00:00**

S	0	0	0	0	S 05					S 12					S	0	0	0	0
M	0	0	0	0	M 06					M 13					M	0	0	0	0
T	0	0	0	0	T 07					T 14					T	0	0	0	0
W 01					W 08					W 15					W	0	0	0	0
T 02					T 09					T	0	0	0	0	T	0	0	0	0
F 03					F 10					F	0	0	0	0	F	0	0	0	0
S 04					S 11					S	0	0	0	0	S	0	0	0	0

Total _____ *Total* _____ *Total* _____ *Total* _____

Turn over and sign. →

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed =** hours worked and claimed in previous pay period.

Cut along

Detach Instructions Before Mailing

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

Recipient's Signature	Date	Provider's Signature	Date

Mail Detached Timesheet To:

IHSS Timesheet Processing Facility • PO Box 272862 • Chico, CA 95927-2862

Exercise #3: One Recipient with One Provider

Now that the timesheet is completed, answer the following questions:

1. How many hours did you work in workweek 2?

   a. Was it within the maximum weekly hours?

   b. Is an adjustment in hours needed in the following workweek(s)? Why?

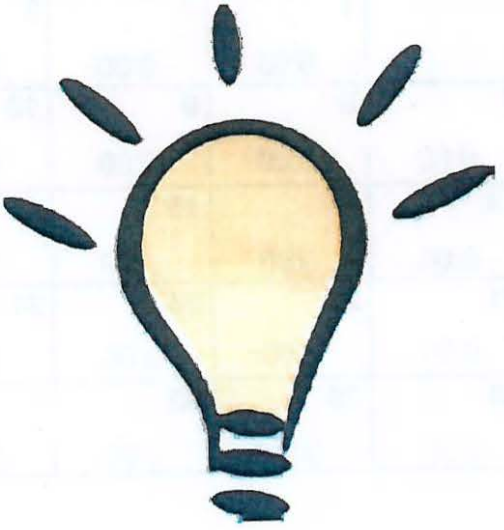
   c. Is county approval needed? Why?

2. Are you eligible for travel time pay? Why?

3. Did you and the recipient sign and date the back of the timesheet?

4. Which pre-addressed envelope must be used to mail out the timesheet?

One Provider with Multiple Recipients Exercises



The following exercises will help IHSS recipients and providers apply the new program changes to different recipient and provider relationships.

Exercise #4: One Provider with Two Recipients

You are the IHSS provider for two IHSS recipients who live 15 minutes away from each other. You provide IHSS to both of them on the same days.

Recipient A's monthly authorized hours are 120:00. The SOC 2271 and SOC 2271A informed you and the recipient that the maximum weekly hours are 30:00. Recipient B's authorized monthly hours are 50:00. The SOC 2271 and SOC 2271A informed you and the recipient that the maximum weekly hours are 12:30.

The calendar below has the recorded hours and minutes that you worked from June 1, 2016 through June 15, 2016 for Recipient A.

June 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 6:00	2 6:00	3 6:00	4 0:00
5 0:00	6 6:00	7 6:00	8 6:00	9 6:00	10 6:00	11 0:00
12 0:00	13 6:00	14 6:00	15 6:00	16 0:00	17 0:00	18 0:00
19 0:00	20 0:00	21 0:00	22 0:00	23 0:00	24 0:00	25 0:00
26 0:00	27 0:00	28 0:00	29 0:00	30 0:00	1 0:00	2 0:00

It is June 16, 2016, and you need to complete and send in your timesheet. Complete the timesheet for Recipient A.

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
SOC 2261 (7/15)

IN-HOME SUPPORTIVE SERVICES
1501 SOMETHING AVENUE,
SACRAMENTO CA 90000

IN-HOME SUPPORTIVE SERVICES (IHSS)
INDIVIDUAL PROVIDER TIMESHEET

EXERCISE #4
One Provider with Two Recipients: Recipient A

FIRST, LASTNAME
565 SOMETHING DR.
SAN JOSE CA 95116-3439

Record your daily hours and minutes like these samples.

Did not work				
6 hours 30 minutes		6	3	0
4 hours 45 minutes		4	4	5
10 hours	1	0		
Total	2	1	1	5

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours (as shown in the "hours" field below) or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed** = hours worked and claimed in previous pay period.

Cut along

Provider #:	000000000	**Provider Name:**	LASTNAME, FIRST		
Case #:	43 01 0000000	**Recipient Name:**	LASTNAME, FIRST		
Type:	IHSS	**Timesheet No:**	4000059138		
Pay From:	06/01/2016	**Pay To:**	06/15/2016	**Hours:**	120:00

Workweek #1				***Workweek #2***				***Workweek #3***				***Workweek #4***			
Claimed **: 00:00**				***Claimed*** **: 00:00**				***Claimed*** **: 00:00**				***Claimed*** **: 00:00**			
S	0	0	0	0	S 05					S 12					S	0	0	0	0
M	0	0	0	0	M 06					M 13					M	0	0	0	0
T	0	0	0	0	T 07					T 14					T	0	0	0	0
W 01					W 08					W 15					W	0	0	0	0
T 02					T 09					T	0	0	0	0	T	0	0	0	0
F 03					F 10					F	0	0	0	0	F	0	0	0	0
S 04					S 11					S	0	0	0	0	S	0	0	0	0
Total _____					*Total* _____					*Total* _____					*Total* _____				

Turn over and sign. →

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed =** hours worked and claimed in previous pay period.

Cut along

Detach Instructions Before Mailing

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

Recipient's Signature	Date	Provider's Signature	Date

Mail Detached Timesheet To:

IHSS Timesheet Processing Facility • PO Box 272862 • Chico, CA 95927-2862

The calendar below has the recorded hours and minutes that you worked from June 1, 2016 through June 15, 2016 for Recipient B. It also includes the time that it took for you to travel from Recipient A's home to Recipient B's home.

June 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 0:15 2:00	2 0:15 2:00	3 0:15 2:00	4 0:00
5 0:00	6 0:15 2:00	7 0:15 2:00	8 0:25 2:00	9 0:15 2:00	10 0:15 2:00	11 0:00
12 0:00	13 0:15 2:00	14 0:15 2:00	15 0:15 2:00	16 0:00	17 0:00	18 0:00
19 0:00	20 0:00	21 0:00	22 0:00	23 0:00	24 0:00	25 0:00
26 0:00	27 0:00	28 0:30	29 0:00	30 0:00	1 0:00	2 0:00

It is June 16, 2016, and you need to complete and send in your timesheet and travel claim form. Complete the timesheet and travel claim form for Recipient B.

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
SOC 2261 (7/15)

IN-HOME SUPPORTIVE SERVICES
1501 SOMETHING AVENUE,
SACRAMENTO CA 90000

IN-HOME SUPPORTIVE SERVICES (IHSS)
INDIVIDUAL PROVIDER
TIMESHEET

EXERCISE #4
One Provider with Two Recipients: Recipient B

FIRST, LASTNAME
565 SOMETHING DR.
SAN JOSE CA 95116-3439

Record your daily hours and minutes like these samples.

Did not work				
6 hours 30 minutes		6	3	0
4 hours 45 minutes		4	4	5
10 hours	1	0		
Total	2	1	1	5

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours (as shown in the "hours" field below) or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed** = hours worked and claimed in previous pay period.

Cut along

Provider #:	000000000	**Provider Name:**	LASTNAME, FIRST		
Case #:	43 01 0000000	**Recipient Name:**	LASTNAME, FIRST		
Type:	IHSS	**Timesheet No:**	4000059138		
Pay From:	06/01/2016	**Pay To:**	06/15/2016	**Hours:**	50:00

Workweek #1	***Workweek #2***	***Workweek #3***	***Workweek #4***
Claimed **: 00:00**	***Claimed*** **: 00:00**	***Claimed*** **: 00:00**	***Claimed*** **: 00:00**

S	0	0	0	0	S 05					S 12					S	0	0	0	0
M	0	0	0	0	M 06					M 13					M	0	0	0	0
T	0	0	0	0	T 07					T 14					T	0	0	0	0
W 01					W 08					W 15					W	0	0	0	0
T 02					T 09					T	0	0	0	0	T	0	0	0	0
F 03					F 10					F	0	0	0	0	F	0	0	0	0
S 04					S 11					S	0	0	0	0	S	0	0	0	0

Total _____ *Total* _____ *Total* _____ *Total* _____

Turn over and sign. →

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed =** hours worked and claimed in previous pay period.

Cut along

Detach Instructions Before Mailing

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

Recipient's Signature	Date	Provider's Signature	Date

Mail Detached Timesheet To:

IHSS Timesheet Processing Facility • PO Box 272862 • Chico, CA 95927-2862

DISTRICT OFFICE 1
1000 STREET, STE 1
COWTOWN CA 12345

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

SOC 2275 (02/16)

First LastName
123 MAIN STREET
ANYTOWN CA 12345-6789

SAMPLE

TRAVEL CLAIM FORM INSTRUCTIONS

1. This Travel Claim Form must be submitted only after a timesheet with service hours for the same pay period has been submitted.
2. Time travelled from one recipient to another on the day must be claimed on the Travel Claim Form for the recipient you travelled To.
3. In special circumstances where you travelled to the same recipient twice in the same day, enter the total amount of time travelled for that day. A comment is required in this situation.
4. Travel hours claimed cannot exceed the 7-hour weekly travel cap.
5. Use black ink only and press firmly. Numbers must be readable.
6. In the "Case # From" column, write the Recipient's case number you travelled from.
7. In the "Distance" column, write the distance you travelled from one recipient to another recipient on the same day.
8. Comments are required to explain the following:
   - If the total number of weekly Travel Hours exceed the allowed hours.
   - If a special circumstance occurred to cause the travel time to be longer than expected.
9. The Provider must sign and date the back of Travel Claim Form.
10. The Total line is optional.

Record your daily hours, minutes, case number, distance, and comments like this sample:

	Travel Week #1	Case # From:	Distance:	Comments:
S	0 0 0 0			
M 13	1 5	0000000	1.1	
T 14	2 0	0000000	1.7	Rerouted due to road construction.
W 15	1 5	0000000	1.1	
T 16	1 5	0000000	1.1	
F 17	2 5	0000000	1.1	Traffic jam due to car accident.
S	0 0 0 0			
TOTAL	1 3 0	[redacted]		

TURN OVER AND COMPLETE →

Mail To:
IHSS Timesheet Processing Facility • PO Box 272863 • Chico, CA 95927-2863

SAMPLE

TRAVEL CLAIM FORM

Provider Name:	LASTNAME, FIRST		Recipient Name:	LASTNAME, FIRST	
Provider #:	000000000	Travel Claim #:	000000000000000	Case #:	43 01 0000000
Pay Period From:	06/01/2016	Pay Period To:	06/15/2016	Program Type:	IHSS

	Travel Week #1				Case # From:	Distance:	Comments:
S 29	0	0	0	0			
M 30	0	0	0	0			
T 31	0	0	0	0			
W 01							
T 02							
F 03							
S 04							
TOTAL					[redacted]		

	Travel Week #2				Case # From:	Distance:	Comments:
S 05							
M 06							
T 07							
W 08							
T 09							
F 10							
S 11							
TOTAL					[redacted]		

	Travel Week #3				Case # From:	Distance:	Comments:
S 12							
M 13							
T 14							
W 15							
T 16	0	0	0	0			
F 17	0	0	0	0			
S 18	0	0	0	0			
TOTAL					[redacted]		

	Travel Week #4				Case # From:	Distance:	Comments:
S 19	0	0	0	0			
M 20	0	0	0	0			
T 21	0	0	0	0			
W 22	0	0	0	0			
T 23	0	0	0	0			
F 24	0	0	0	0			
S 25	0	0	0	0			
TOTAL					[redacted]		

I understand that any false claim relating to this travel claim form may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties. By signing as the provider, I declare that the travel time claimed on this travel claim form is true and correct.

Provider's Signature | Date

Exercise #4: One Provider with Two Recipients

Now that the timesheet is completed, answer the following questions:

1. How many hours total did you work in workweek 2 for Recipients A and B?

2. Since you are the provider for more than one recipient, what is the maximum number of hours you can claim in a workweek for all the time worked? Did you stay within the combined maximum weekly hours allowed?

3. Are you eligible for travel time pay? Why or why not? How much travel time are you claiming in workweek 2? Did you stay within the maximum weekly travel time?

4. Were there any adjustments to the maximum weekly hours that require county approval? Why or why not?

5. Did you and the recipient sign and date the back of the timesheet?

6. Did you complete and sign the back of the Travel Claim form?

7. Which pre-addressed envelope is used to send the timesheet and travel claim form to ensure timely processing and payment?

Exercise #5: One Provider with Two Recipients

You are the IHSS provider for two IHSS recipients who live in the same home. You provide IHSS to both of them on the same days.

Recipient X's monthly authorized hours are 200:00. The SOC 2271 and SOC 2271A informed you and the recipient that the maximum weekly hours are 50:00. Recipient Y's authorized monthly hours are 40:00. The SOC 2271 and SOC 2271A informed you and the recipient that the maximum weekly hours are 10:00.

The calendar below has the recorded hours and minutes that you worked from June 1, 2016 through June 15, 2016 for Recipient X.

June 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 6:00	2 6:00	3 6:00	4 6:30
5 6:00	6 6:00	7 7:00	8 6:00	9 6:00	10 7:00	11 6:00
12 6:00	13 6:00	14 7:00	15 6:00	16 0:00	17 0:00	18 0:00
19 0:00	20 0:00	21 0:00	22 0:00	23 0:00	24 0:00	25 0:00
26 0:00	27 0:00	28 0:00	29 0:00	30 0:00	1 0:00	2 0:00

It is June 16, 2016, and you need to complete and send in your timesheet. Complete the timesheet for Recipient X.

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
SOC 2261 (7/15)

IN-HOME SUPPORTIVE SERVICES
1501 SOMETHING AVENUE,
SACRAMENTO CA 90000

IN-HOME SUPPORTIVE SERVICES (IHSS)
INDIVIDUAL PROVIDER TIMESHEET

EXERCISE #5
One Provider with Two Recipients: Recipient X

FIRST, LASTNAME
565 SOMETHING DR.
SAN JOSE CA 95116-3439

Record your daily hours and minutes like these samples.

Did not work				
6 hours 30 minutes		6	3	0
4 hours 45 minutes		4	4	5
10 hours	1	0		
Total	2	1	1	5

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours (as shown in the "hours" field below) or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed = hours worked and claimed in previous pay period.**

Cut along

Provider #:	000000000	**Provider Name:**	LASTNAME, FIRST		
Case #:	43 01 0000000	**Recipient Name:**	LASTNAME, FIRST		
Type:	IHSS	**Timesheet No:**	4000059138		
Pay From:	06/01/2016	**Pay To:**	06/15/2016	**Hours:**	200:00

Workweek #1	***Workweek #2***	***Workweek #3***	***Workweek #4***
Claimed **: 00:00**	***Claimed*** **: 00:00**	***Claimed*** **: 00:00**	***Claimed*** **: 00:00**

S	0	0	0	0	S 05					S 12					S	0	0	0	0
M	0	0	0	0	M 06					M 13					M	0	0	0	0
T	0	0	0	0	T 07					T 14					T	0	0	0	0
W 01					W 08					W 15					W	0	0	0	0
T 02					T 09					T	0	0	0	0	T	0	0	0	0
F 03					F 10					F	0	0	0	0	F	0	0	0	0
S 04					S 11					S	0	0	0	0	S	0	0	0	0

Total _____ *Total* _____ *Total* _____ *Total* _____

Turn over and sign. →

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed =** hours worked and claimed in previous pay period.

Cut along

Detach Instructions Before Mailing

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

Recipient's Signature	Date	Provider's Signature	Date

Mail Detached Timesheet To:

IHSS Timesheet Processing Facility • PO Box 272862 • Chico, CA 95927-2862

The calendar below has the recorded hours and minutes that you worked from June 1, 2016 through June 15, 2016 for Recipient Y.

June 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 1:00	2 1:00	3 1:00	4 1.00
5 1:00	6 1:00	7 1:00	8 1:00	9 1:00	10 1:00	11 1:00
12 1:00	13 1:00	14 1:00	15 1:00	16 0:00	17 0:00	18 0:00
19 0:00	20 0:00	21 0:00	22 0:00	23 0:00	24 0:00	25 0:00
26 0:00	27 0:00	28 0:00	29 0:00	30 0:00	1 0:00	2 0:00

It is June 16, 2016, and you need to complete and send in your timesheet. Complete the timesheet for Recipient Y.

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
SOC 2261 (7/15)

IN-HOME SUPPORTIVE SERVICES
1501 SOMETHING AVENUE,
SACRAMENTO CA 90000

IN-HOME SUPPORTIVE SERVICES (IHSS)
INDIVIDUAL PROVIDER TIMESHEET

EXERCISE #5
One Provider with Two Recipients: Recipient Y

FIRST, LASTNAME
565 SOMETHING DR.
SAN JOSE CA 95116-3439

Record your daily hours and minutes like these samples.

Did not work				
6 hours 30 minutes		6	3	0
4 hours 45 minutes		4	4	5
10 hours	1	0		
Total	2	1	1	5

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours (as shown in the "hours" field below) or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed** = hours worked and claimed in previous pay period.

Provider #:	000000000	**Provider Name:**	LASTNAME, FIRST		
Case #:	43 01 0000000	**Recipient Name:**	LASTNAME, FIRST		
Type:	IHSS	**Timesheet No:**	4000059138		
Pay From:	06/01/2016	**Pay To:**	06/15/2016	**Hours:**	40:00

Workweek #1	***Workweek #2***	***Workweek #3***	***Workweek #4***
Claimed **: 00:00**	***Claimed*** **: 00:00**	***Claimed*** **: 00:00**	***Claimed*** **: 00:00**

S	0	0	0	0	S 05					S 12					S	0	0	0	0
M	0	0	0	0	M 06					M 13					M	0	0	0	0
T	0	0	0	0	T 07					T 14					T	0	0	0	0
W 01					W 08					W 15					W	0	0	0	0
T 02					T 09					T	0	0	0	0	T	0	0	0	0
F 03					F 10					F	0	0	0	0	F	0	0	0	0
S 04					S 11					S	0	0	0	0	S	0	0	0	0

Total _____ *Total* _____ *Total* _____ *Total* _____

Turn over and sign. ➔

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed =** hours worked and claimed in previous pay period.

Cut along

Detach Instructions Before Mailing

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

Recipient's Signature	Date	Provider's Signature	Date

Mail Detached Timesheet To:

IHSS Timesheet Processing Facility • PO Box 272862 • Chico, CA 95927-2862

Exercise #5: One Provider with Two Recipients

Now that the timesheets are completed, answer the following questions:

1. How many hours total did you work in workweek 2 for Recipients X and Y?

2. Since you are the provider for more than one recipient, what is the maximum number of hours you can claim in a workweek for all the time worked? Did you stay within the combined maximum weekly hours allowed?

3. You work for more than one recipient. Are you eligible for travel time pay? Why or why not?

4. Were there any adjustments to the maximum weekly hours that require county approval? Why or why not?

5. Did you and the recipient sign and date the back of the timesheet?

6. Which pre-addressed envelope is used to send the timesheet and travel claim form to ensure timely processing and payment?