STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

SOC 2261 (7/15)

CHATSWORTH
21615 PLUMMER ST SOMETHING WAY ROAD ST 1
CHATSWORTH CA 91311

IN-HOME SUPPORTIVE SERVICES (IHSS)
INDIVIDUAL PROVIDER TIMESHEET

FIRST, LASTNAME
17830 SHERMAN WAY SOMETHING DRIVE APT 17
RESEDA CA 91335-3398

Record your daily hours and minutes like these samples.

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

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Do not send any other documents with the timesheet.
3. 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.
4. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours.
5. You must enter hours for each day worked (Total line is optional).
6. **You and your Recipient must sign and date the back of your timesheet.**
7. Do not fold the timesheet. Do not use white out or correction tape on timesheet.

Cut along dotted line

Provider #:	000000000	**Provider Name:**	LASTNAME, FIRST		
Case #:	00 01 0000000	**Recipient Name:**	LASTNAME, FIRST		
Type:	IHSS	**Timesheet No:**	0000000000		
Pay From:	11/16/2014	**Pay To:**	11/30/2014	**Hours:**	

S 16	H	H	M	M	**S 23**	H	H	M	M	**S 30**	H	H	M	M	**S**	0	0	0	0
M 17	H	H	M	M	**M 24**	H	H	M	M	**M**	0	0	0	0	**M**	0	0	0	0
T 18	H	H	M	M	**T 25**	H	H	M	M	**T**	0	0	0	0	**T**	0	0	0	0
W 19	H	H	M	M	**W 26**	H	H	M	M	**W**	0	0	0	0	**W**	0	0	0	0
T 20	H	H	M	M	**T 27**	H	H	M	M	**T**	0	0	0	0	**T**	0	0	0	0
F 21	H	H	M	M	**F 28**	H	H	M	M	**F**	0	0	0	0	**F**	0	0	0	0
S 22	H	H	M	M	**S 29**	H	H	M	M	**S**	0	0	0	0	**S**	0	0	0	0

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

Turn over and sign. ➔

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Cut along dotted line

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