

NBRC REQUIRED TEMPLATE FOR HOURLY SLS SERVICES

Budget Period	March 2018 thru February 2019		
Vendor Name			
Vendor Number			
Client Name		UCI#	
Service Coordinator			

Roommates/Shared			
		UCI#	
		UCI#	
		UCI#	

Day Program	Days*	Hours per Day	Monthly Hours	
Monday thru Friday	19	6	114	Monthly IHSS Hours

*Clients attending DP fulltime, please use 19 days which accounts for holidays, sick days, and closures

Employer Name	Average Hrs per Month
ABC Employer	

1:1 SLS Hours	
BASE HOURS	744
Less IHSS hours	0
Less Day Program hours	-114
Less Work hours	0
Less 1:1 Awake hours (HRLY)	0
Less 1:2 Awake hours (02)	0
Less 1:3 Awake hours (03)	0
Less 1:4 Awake hours (04)	0
Less Asleep Nite 1:1 hours (Nite)	0
Less Asleep Nite 1:2 hours (Nite2)	0
Less Asleep Nite 1:3 hours (Nite3)	0
Less Asleep Nite 1:4 hours (Nite4)	0
Subtotal	630
Supplemental SLS Hours (2:1)	
Supplemental Awake Hrs (HRLY)	0
Supplemental Nite Hrs (Nite)	0
TOTAL Awake Hours (HRLY)	0
TOTAL Asleep Nite (Nite)	0

Monthly Hours-complete blue section	
1:1 Awake hours	
1:2 Awake hours	
1:3 Awake hours	
1:4 Awake hours	
Asleep Nite 1:1 hours	
Asleep Nite 1:2 hours	
Asleep Nite 1:3 hours	
Asleep Nite 1:4 hours	
Supplemental SLS Hours (2:1)	
Supplemental Awake Hrs	
Supplemental Nite Hrs	

Completed by:			
Title		Date	

Copy of Client's schedule must be attached for approval