

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 | | 0 |

Monthly IHSS Hours

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

| Employer Name | Average Hours per Month |
|---------------|-------------------------|
| ABC Employer | 0 |

| SLS Hours | |
|------------------------------------|------------|
| BASE HOURS | 744 |
| Less IHSS hours | 0 |
| Less Day Program hours | 0 |
| 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 Asleep Nite 1:1 hours (Nite) | 0 |
| Less Asleep Nite 1:2 hours (Nite2) | 0 |
| Less Asleep Nite 1:3 hours (Nite3) | 0 |
| Subtotal | 744 |
| Client Personal Time | 744 |

| Monthly Hours-complete blue section | |
|-------------------------------------|---|
| 1:1 Awake hours | 0 |
| 1:2 Awake hours | 0 |
| 1:3 Awake hours | 0 |
| Asleep Nite 1:1 hours | 0 |
| Asleep Nite 1:2 hours | 0 |
| Asleep Nite 1:3 hours | 0 |

Completed by:

Title

Date

Copy of Client's schedule must be attached for approval