One Recipient
With
One Provider
Answer Keys

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.

ANSWER KEY

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		4	3	0	S 12		4	3	0	S	0	0	0	0
M	0	0	0	0	M 06		4	3	0	M 13		4	3	0	M	0	0	0	0
T	0	0	0	0	T 07		4	3	0	T 14		4	3	0	T	0	0	0	0
W 01		4	3	0	W 08		4	3	0	W 15		4	3	0	W	0	0	0	0
T 02		4	3	0	T 09		4	3	0	T	0	0	0	0	T	0	0	0	0
F 03		4	3	0	F 10		4	3	0	F	0	0	0	0	F	0	0	0	0
S 04		4	3	0	S 11		4	3	0	S	0	0	0	0	S	0	0	0	0

Total 18:00 *Total* 31:30 *Total* 18:00 *Total* _____

Turn over and sign. →

Important Instructions

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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.

ANSWER KEY

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 Signature	Date	Provider Signature	Date
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

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

A workweek begins at 12:00 a.m. on Sunday, and ends at 11:59 p.m. the following Saturday.

Workweek 2: Sunday, June 5 to Saturday, June 11, where 4:30 hours were worked each day.

4:30 x 7 days = 31:30 or 31 hours and 30 minutes.

a. Was it within the maximum weekly hours?

The maximum weekly hours are 35:00; therefore, yes, the weekly hours for workweek 2 of 31 hours and 30 minutes are within the maximum weekly hours.

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

No, because the hours worked in workweek 2 did not go over the maximum weekly hours of 35:00.

c. Is county approval needed? Why?

No, because the hours worked in workweek 2 did not go over the maximum weekly hours of 35:00.

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

No, because the provider only works for one recipient.

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

Yes. Ensure timesheet is dated and signed in **black ink** by the recipient and provider. The date should be after June 15, 2016.

4. Which pre-addressed envelope must be used and mailed out to make sure the timesheet is processed and payment is issued timely?

Pre-addressed Envelope
Black Bar (Top left corner)
IHSS TIMESHEET PROCESSING FACILITY IHSS TIMESHEET WITHOUT TRAVEL PO BOX 272862 CHICO, CA 95927-2863

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

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.

ANSWER KEY

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		6	0	0	S 12		5	0	0	S	0	0	0	0
M	0	0	0	0	M 06		6	0	0	M 13		5	0	0	M	0	0	0	0
T	0	0	0	0	T 07		6	0	0	T 14		5	0	0	T	0	0	0	0
W 01		2	3	0	W 08		5	0	0	W 15		5	0	0	W	0	0	0	0
T 02					T 09		7	0	0	T	0	0	0	0	T	0	0	0	0
F 03		2	3	0	F 10		7	0	0	F	0	0	0	0	F	0	0	0	0
S 04					S 11		5	0	0	S	0	0	0	0	S	0	0	0	0
Total	5:00				*Total*	42:00				*Total*	20:00				*Total*				

Turn over and sign. →

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 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.

ANSWER KEY

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 Signature	06/16/16	Provider Signature	06/16/16
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

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

A workweek begins at 12:00 a.m. on Sunday, and ends at 11:59 p.m. the following Saturday.

Workweek 2: Sunday, June 5 to Saturday, June 11.

6:00+6:00+6:00+5:00+7:00+7:00+5:00 = 42:00 or 42 hours

a. Was it within the maximum weekly hours?

The maximum weekly hours are 35:00; therefore, no, the weekly hours for workweek 2 of 42 hours are not within the maximum weekly hours.

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

Yes, because in workweek 2, there were 7:00 over the maximum weekly hours of 35:00.

c. Is county approval needed? Why?

Yes, because the increase in hours resulted in the provider working more than 40 hours in a workweek when the recipient's maximum weekly hours is 40 hours or less (35:00).

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

No, because the provider only works for one recipient.

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

Yes. Ensure timesheet is dated and signed in **black ink** by the recipient and provider. The date should be after June 15, 2016.

4. Which pre-addressed envelope must be used and mailed out to make sure the timesheet is processed and payment is issued timely?

Pre-addressed Envelope

Black Bar
(Top left corner)

IHSS TIMESHEET PROCESSING FACILITY
IHSS TIMESHEET WITHOUT TRAVEL
PO BOX 272862
CHICO, CA 95927-2863

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.

ANSWER KEY

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		6	0	0	S 12		6	0	0	S	0	0	0	0
M	0	0	0	0	M 06		6	0	0	M 13		6	0	0	M	0	0	0	0
T	0	0	0	0	T 07		7	0	0	T 14		7	0	0	T	0	0	0	0
W 01		6	0	0	W 08		6	0	0	W 15		6	0	0	W	0	0	0	0
T 02		6	0	0	T 09		6	0	0	T	0	0	0	0	T	0	0	0	0
F 03		6	0	0	F 10		7	0	0	F	0	0	0	0	F	0	0	0	0
S 04		6	3	0	S 11		6	0	0	S	0	0	0	0	S	0	0	0	0

Total 24:30 *Total* 44:00 *Total* 25:00 *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.

ANSWER KEY

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 Signature	06/16/16	Provider Signature	06/16/16
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

1. How many hours did the provider work in workweek 2?

A workweek begins at 12:00 a.m. on Sunday, and ends at 11:59 p.m. the following Saturday.

Workweek 2: Sunday, June 5 to Saturday, June 11.

6:00+6:00+7:00+6:00+6:00+7:00+6:00 = 44:00 or 44 hours

a. Was it within the maximum weekly hours?

The maximum weekly hours are 50:00; therefore, yes, the weekly hours for workweek 2 of 44 hours are within the maximum weekly hours.

Overtime is all hours worked over 40 hours in a workweek and since the maximum weekly hours are 50:00, the provider is already approved 10 hours of overtime each week. This means the provider may work over 40 hours a week and up to 50 hours.

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

No, because the hours worked in workweek 2 did not go over the maximum weekly hours of 50:00.

c. Is county approval needed? Why?

No, because the hours worked in workweek 2 did not go over the maximum weekly hours of 50:00.

2. Is the provider eligible for travel time pay?

No, because the IHSS provider only works for one IHSS recipient.

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

Yes. Ensure timesheet is dated and signed in **black ink** by the recipient and provider. The date should be after June 15, 2016.

4. Which pre-addressed envelope does it need to be sent in for timely processing and payment?

Pre-addressed Envelope

Black Bar
(Top left corner)

IHSS TIMESHEET PROCESSING FACILITY
IHSS TIMESHEET WITHOUT TRAVEL
PO BOX 272862
CHICO, CA 95927-2863

One Provider
with
Multiple Recipients
Answer Keys

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
SOC 2281 (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.

ANSWER KEY

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		6	0	0	M 13		6	0	0	M	0	0	0	0
T	0	0	0	0	T 07		6	0	0	T 14		6	0	0	T	0	0	0	0
W 01		6	0	0	W 08		6	0	0	W 15		6	0	0	W	0	0	0	0
T 02		6	0	0	T 09		6	0	0	T	0	0	0	0	T	0	0	0	0
F 03		6	0	0	F 10		6	0	0	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 18:00 *Total* 30:00 *Total* 18:00 *Total* _____

Turn over and sign. →

Important Instructions

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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.

ANSWER KEY

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
Recipient's Signature	06/16/16	Provider Signature	06/16/16

Mail Detached Timesheet To:

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

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.

	H	H	M	M
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. 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.

ANSWER KEY

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	H	H	M	M	S 12	H	H	M	M	S	0	0	0	0
M	0	0	0	0	M 06	H	2	0	0	M 13	H	2	0	0	M	0	0	0	0
T	0	0	0	0	T 07	H	2	0	0	T 14	H	2	0	0	T	0	0	0	0
W 01	H	2	0	0	W 08	H	2	0	0	W 15	H	2	0	0	W	0	0	0	0
T 02	H	2	0	0	T 09	H	2	0	0	T	0	0	0	0	T	0	0	0	0
F 03	H	2	0	0	F 10	H	2	0	0	F	0	0	0	0	F	0	0	0	0
S 04	H	H	M	M	S 11	H	H	M	M	S	0	0	0	0	S	0	0	0	0

Total 6:00 *Total* 10:00 *Total* 6:00 *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.

ANSWER KEY

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 Signature	06/16/16	Provider Signature	06/16/16
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 (02/15)

First LastName
123 MAIN STREET
ANYTOWN CA 12345-6789

ANSWER KEY

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	Previously Claimed Travel Hours: 05:00		

TURN OVER AND COMPLETE →

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

TRAVEL CLAIM FORM

Provider Name:	LASTNAME, FIRST			Recipient Name:	LASTNAME, FIRST
Provider #:	000000000	Travel Claim #:	00000000000000	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			
W01	1 5	0000000	5.0	
T02	1 5	0000000	5.0	
F03	2 5	0000000	5.0	Traffic because of a car accident.
S04				
TOTAL	0:55	Previously Claimed Travel Hours:		

	Travel Week #2	Case # From:	Distance:	Comments:
S05				
M06	1 5	0000000	5.0	
T 07	1 5	0000000	5.0	
W 08	2 5	0000000	5.0	Traffic because of road construction.
T 09	1 5	0000000	5.0	
F10	1 5	0000000	5.0	
S11				
TOTAL	1:25	Previously Claimed Travel Hours:		

	Travel Week #3	Case # From:	Distance:	Comments:
S12				
M13	1 5	0000000	5.0	
T14	1 5	0000000	5.0	
W15	1 5	0000000	5.0	
T16				
F17				
S18				
TOTAL	:45	Previously Claimed Travel Hours:		

	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		Previously Claimed Travel Hours:	00:00	

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 be subject to civil penalties. By signing as the provider I certify that the information on this travel claim form is true and correct.

Provider Signature — Provider's Signature

06/16/16 — Date

Exercise #4: One Provider with Two Recipients

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

A workweek begins at 12:00 a.m. on Sunday, and ends at 11:59 p.m. the following Saturday.

Workweek 2: Sunday, June 5 to Saturday, June 11.

Recipient A: 6:00+6:00+6:00+6:00+6:00 = 30:00

Recipient B: 2:00+2:00+2:00+2:00+2:00 = 10:00

Recipient A (30:00) + Recipient B (10:00) = 40 hours

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?

The maximum weekly hours when a provider works for more than one recipient is 66:00.

Yes, the total combined hours worked for both recipient A & B for workweek 2 is 40 hours, which is within the 66 hours.

3. Are you eligible for travel time pay? Why? How much travel time are you claiming in workweek 2? Did you stay within the maximum weekly travel time limit?

Yes, because the provider travels from Recipient A's home to Recipient B's home in the same workday.

For workweek 2, the travel time that will be claimed is 1:25.

Yes, *you stayed within the maximum weekly travel time limit of up to 7 hours of travel time per workweek.*

4. Were there any adjustments to the maximum weekly hours that require county approval? Why?

No. The provider worked within the combined maximum number of hours (66:00) allowed for providers to claim in a workweek if they work for more than one recipient.

Reminder: Providers working for more than one recipient may not exceed 66 hours per workweek combined.

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

Yes. Ensure timesheet is dated and signed in **black ink** by the recipient and provider. The date should be after June 15, 2016.

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

Yes. The timesheet and Travel Claim Form must be sent in a single envelope. The provider is responsible for keeping track of his/her travel time each week so that he/she can report it on the travel claim form.

Reminder: The SOC 2255 must be completed, submitted and received by the county IHSS office before a Travel Claim Form is

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

Pre-addressed Envelope
Red Bar (Top left corner)
IHSS TIMESHEET PROCESSING FACILITY IHSS TRAVEL TIMESHEET PO BOX 272863 CHICO, CA 95927-2863

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.

ANSWER KEY

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	S 05	6	0	0	S 12	6	0	0	S	0	0	0
M	0	0	0	M 06	6	0	0	M 13	6	0	0	M	0	0	0
T	0	0	0	T 07	7	0	0	T 14	7	0	0	T	0	0	0
W 01	6	0	0	W 08	6	0	0	W 15	6	0	0	W	0	0	0
T 02	6	0	0	T 09	6	0	0	T	0	0	0	T	0	0	0
F 03	6	0	0	F 10	7	0	0	F	0	0	0	F	0	0	0
S 04	6	3	0	S 11	6	0	0	S	0	0	0	S	0	0	0
Total	24:30			*Total*	44:00			*Total*	25:00			*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.

ANSWER KEY

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 Signature	06/16/16	Provider Signature	06/16/16
Recipient's Signature	Date	Provider's Signature	Date

Mail Detached Timesheet To:

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

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.

ANSWER KEY

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		1	0	0	S 12		1	0	0	S	0	0	0	0
M	0	0	0	0	M 06		1	0	0	M 13		1	0	0	M	0	0	0	0
T	0	0	0	0	T 07		1	0	0	T 14		1	0	0	T	0	0	0	0
W 01		1	0	0	W 08		1	0	0	W 15		1	0	0	W	0	0	0	0
T 02		1	0	0	T 09		1	0	0	T	0	0	0	0	T	0	0	0	0
F 03		1	0	0	F 10		1	0	0	F	0	0	0	0	F	0	0	0	0
S 04		1	0	0	S 11		1	0	0	S	0	0	0	0	S	0	0	0	0

Total 4:00 *Total* 7:00 *Total* 4:00 *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.
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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.

ANSWER KEY

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 Signature	06/16/16	Provider Signature	06/16/16
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

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

A workweek begins at 12:00 a.m. on Sunday, and ends at 11:59 p.m. the following Saturday.

Workweek 2: Sunday, June 5 to Saturday, June 11.

Recipient X: 6:00+6:00+7:00+6:00+6:00+7:00+6:00 = 44:00

Recipient Y: 1:00+1:00+1:00+1:00+1:00+1:00+1:00 = 7:00

Recipient X (44 hours) + Recipient Y (7 hours) = 51 hours

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?

The maximum weekly hours when a provider works for more than one recipient is 66:00.

Yes, the total combined hours worked for both recipient X & Y for workweek 2 is 51 hours, which is within the 66 hours.

3. You work for more than one recipient. Are you eligible for travel time pay? Why?

No, because the recipients reside in the same home and does not require me to travel to a different location to provide authorized IHSS services.

4. Were there any adjustments to the maximum weekly hours that require county approval? Why?

No, because the provider worked within the combined maximum number of hours (66:00) allowed for providers to claim in a workweek if they work for more than one recipient.

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

Yes. Ensure timesheet is dated and signed in **black ink** by the recipient and provider. The date should be after June 15, 2016.

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

Pre-addressed Envelope

Black Bar
(Top left corner)

IHSS TIMESHEET PROCESSING FACILITY
IHSS TIMESHEET WITHOUT TRAVEL
PO BOX 272862
CHICO, CA 95927-2863

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STATE OF CALIFORNIA
Edmund G. Brown Jr., Governor

HEALTH AND HUMAN SERVICES AGENCY
Diana S. Dooley, Secretary

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
Will Lightbourne, Director