



SUPPORT COORDINATOR: _____ DATE: _____

INDIVIDUAL RECEIVING SERVICES: _____ DMH ID #: _____

***TYPICAL EMPLOYEE WORK SCHEDULE:**

| Time | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---------------|--------|--------|---------|-----------|----------|--------|----------|
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Total per day | Hrs | Hrs | Hrs | Hrs | Hrs | Hrs | Hrs |

**Typical employee work schedule is for purposes of assessing needs only. Individuals and Designated Representatives have the freedom to change the schedule.*

| | |
|--|-----|
| Total Hours per week (_____) x (_____) weeks = | Hrs |
| Are there additional hours that are needed per month? If so that number (_____) x (_____) months = | Hrs |
| Are there additional hours that are needed per year: If so what is that number? | Hrs |
| # of Hours of support needed per year | Hrs |

INDIVIDUAL BUDGET ALLOCATION

The total number of hours needed are multiplied by the statewide individual hourly allocation rate in order to determine the total **Self-Directed Individual Budget Allocation**.

| | # of Hours of support needed per year | Individual Budget Allocation Rate | Budget Allocation |
|--------------------------------|---------------------------------------|-----------------------------------|-------------------|
| Personal Assistance | (_____) | X | = |
| Medical Personal Assistance | (_____) | X | = |
| Community Specialist | (_____) | X | = |
| Total Budget Allocation | | | |

Employee rate setting using the budget calculator will not be determined until after the Budget Allocation has been approved by UR. Individuals/DRs will be trained on using the budget calculator by the FMS. The Support Broker will assist individuals on employee rate setting.