



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.