

Worksheet for Calculation of Maximum Aide Payment Early Intervention Services

AGENCY NAME: _____	Telephone #: _____
PROGRAM NAME: _____	
ADDRESS: _____	
CITY: _____	ZIP: _____
1st CHILD'S NAME: _____	2nd CHILD'S NAME: _____
A. IFSP Service Begin Date: _____	A. _____
B. IFSP Service End Date: _____	B. _____
C. # of Days per week: _____	C. _____
D. # of Hours per day: _____	D. _____

1. Total Number of Weeks Service will be provided: (line B minus line A)	0
2. Total Number of Hours each week: (line C times line D)	0.00
3. Total Number of Service Hours on IFSP (line 1 times line 2)	0.00
4. Daily Allowance - 1/2 hour for 1:1, 1 hour 1:2 (line C times line 1; times .5, or times 1)	0.00
5. Total Aide Hours for Wage calculation (Add lines 3 and 4)	0.00
6. 1:1 Aide Hourly Rate of Pay	
7. Wage Total for Calculation purposes (Line 5 times line 6)	0.00
8. Employer Portion of FICA (7.65% of line 8)	0.00
9. State Unemployment Rate (Agency rate times line 7)	
10 Federal Unemployment Rate (Agency Rate times line 7)	0.00
11. List usual/Customary Monthly Benefit Description & Cost (Monthly Amount divided by 4, times line 1)	
Description of Benefits:	0.00
12. Worker's Compensation for Employee (Agency Rate times line 7)	
13. Advertising Allowance - if applicable maximum \$100	0.00
14. Sum of Employer Costs (Lines 7 through 13)	0.00
15. Allowance for Administration (line 14 times .05)	0.00
16. Maximum allowable Cost for Aide (sum of line 14 & 15)	0.00
	1/4 Hr 1:1 Rate: #DIV/0!
	1/4 Hr 1:2 Rate: 0.00
Signature Preparer: _____	Date: _____
CDS Approval Signature: _____	Date: _____