

Worksheet for Calculation of Maximum Aide Payment

Instructions - Non Excel (hard copy) Version

1st Child's Name: Enter the Child's first and last name.

If the worksheet is to be utilized for the 1:2 reimbursement rate, Child #1 should have the shortest IFSP begin and end dates

A. IFSP Service Begin Date: Enter the date that the IFSP service starts

B. IFSP End Date: Enter the date that the IFSP service ends

C. # of Days per week: Enter the frequency from the IFSP

D. # of Hours per day: Enter the Intensity from the IFSP

For reimbursement as a 1:2 paraprofessional complete the same information for the 2nd child.

1. Total Number of Weeks Service will be provided: Determine from the IFSP Service Begin and End Date the number of weeks that the service will be provided.

For reimbursement as a 1:2 paraprofessional, use the number of weeks computed from child #1

2. Total Number of Hours each week: - Multiply the # of days per week by the # of Hours per day which were listed above.

3. Total Number of Service Hours on the IFSP, Multiply the Number of Weeks Service will be provided from line 1 by the number of hours each week listed in line 2.

4. Daily Allowance - Multiply the number of weeks that the service will be provided by the # of Days per week that is listed above, then multiply this times .5

For reimbursement as a 1:2 paraprofessional, Multiply the number of weeks that the service will be provided by the # of Days per week that is listed above, then multiply this times 1

5. Sum lines 3 and 4.

6. Enter the actual rate of pay for the position

7. Multiply line 5 by line 6.

8. Multiply line 7 by .0765

9. Enter the Agency's State Unemployment Rate in the shaded section. Multiply this times line 7

10. Enter the Agency's Federal Unemployment Rate in the shaded section. Multiply this times line 7.

11. Employee benefits may include health, dental, retirement & disability insurance that are paid by the agency. Enter the Agency's Monthly benefit cost, if applicable, in the shaded section. Divide this amount by 4 and multiply by the number of weeks

12. Enter the Agency's Worker's Compensation rate in the shaded section. Multiply this times line 7.

13. Advertising Allowance Enter the cost of advertising for this position, if applicable.

14. Sum lines 7 through 13

15. Multiply line 14 times .05.

16. Add lines 14 and 15

1/4 Hr 1:1 Rate: Divide line 16 by line 3; then divide by 4

1/4 Hr 2:1 Rate: Divide line 16 by line 3; then divide by 4. Multiply this by .5.

Forward the completed form to the referring CDS Site for signature. The Site is responsible to submit to the CDS State Office.