



## TRACKING LOG SAMPLES

**PARTICIPANT'S NAME:** (Person receiving the services) \_\_\_\_\_

**CARE PROVIDER:** (Person staying or doing something with the participant) \_\_\_\_\_

**USE A SEPARATE LOG FOR EACH TYPE OF SERVICE AND  
DIFFERENT PERSON WHO PROVIDES A SERVICE**

Start Date	Start Time (Indicate AM/PM)	End Time (Indicate AM/PM)	End Date	Number of Hours	Amount Paid Per Hour	Total Amount to be Paid	Type of Service (Family Aide/Respite)
mm/dd/yy	10 AM	12 PM	mm/dd/yy	2	\$10.00	\$20.00	Family Aide
mm/dd/yy	10 PM	6 AM	mm/dd/yy	8	\$10.00	\$80.00	Family Aide
mm/dd/yy	10 AM	2 PM	mm/dd/yy	4	\$15.00	\$60.00	Family Aide
						<b>\$160.00</b>	
						<b>Total</b>	

Start Date	Start Time (Indicate AM/PM)	End Time (Indicate AM/PM)	End Date	Number of Hours	Amount Paid Per Hour	Total Amount to be Paid	Type of Service (Family Aide/Respite)
7/15/2023	6 AM	6 AM	7/16/2023	16	\$15.00	\$125.00	Respite
7/20/2023	6 AM	10 PM	7/21/2023	16	\$15.00	\$125.00	Respite
						<b>\$250.00</b>	
						<b>Total</b>	

### IMPORTANT REMINDERS

1. Family members that **do not reside** with the person receiving services can provide family aide or respite.
2. **Family Aide** is limited to 4 sessions per month. Families need an approved innovative service request from a supports coordinator for more than 4 sessions in a month.
3. **Family Aide** can be up to 15 hours for a single session with a cap of \$125.00
4. **Respite Care** is any session that is over 16 hours and less than 24 hours at a time. Per FSS regulations, payment can only be made for 16 hours (see Start Dates 7/15 and 7/20 above).
5. When the provider is being paid directly, **they must provide their social security number.**
6. A family member and the provider must sign invoices for Family Aide and Respite.
7. Maximum rate per hour is \$15.00 with a cap of \$125.00 for up to a 24 hour period.