

ISS TIME SHEET

***Please turn these in EVERY TWO WEEKS to the Bath Office.**

This time sheet is for Family Consultant ISS hours only. To offer ISS services beyond the scheduled 3 hours per week, per group (Maximum) the service must be approved by the Family Services Coordinator prior to delivery.

Name of Family Consultant _____

County AND Group _____

***Please include only ONE pay period per sheet*
Please write one activity or contract per line**

	Date	Family Name (First & Last)	Information	Peer Support	Advocacy
			<i>Indicate time spent in each category in hours and/or minutes (record in 15 minute increments)</i>		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

***Family Consultant to fax ISS Timesheet to Supervisor**

Family Consultant Signature

Family Services Coordinator Signature