

UNDERSTANDING HOW THE INTEGRATED FAMILY RESPITE BUDGET WORKS

Example:

Your child has a budget of **\$2542.80** for Integrated Family Services - Respite;

You want to pay your employee **\$10.00** per hour (employees must be paid at least minimum wage);

Your employee works **15** hours every two weeks;

ARIS Solutions will pay your employee the \$10.00 hourly rate (or \$150.00 for two weeks). Your employee will have their own taxes withheld from their check, as usual.

ARIS Solutions will also pay “matching employer taxes” on your behalf for unemployment, Worker’s Compensation and employee Social Security and Medicare. This adds 10.4% or, \$1.04 to the **cost** of each hour of service you pay your employee.

The actual **cost** to the budget when you pay an employee \$10. per hour is \$11.04.

So, if you pay your employee **15 hours** every two weeks at **\$10.00 per hour**, your employee will be **paid \$150.00**. Because **each hour costs \$11.04**, the **total cost to be deducted from your child’s budget for the 15 hours will be \$165.60**.

Your budget will then look like this:

\$2542.80 Starting budget
-\$165.60 Cost of 15 hours of service
(15 hours x \$10.00 = \$150.00.00 x 10.4%)
\$2377.20

.....
If you pay all your employees the same hourly rate there is an easy way to know how many hours of service you can pay for in six months!

If you pay your employees \$10.00, the cost with employer taxes per hour is: \$11.04 Divide the total budget amount, \$2542.80 by the \$11.04 and you will have the total number of hours you can use during the six month period your child is eligible for.

\$2542.80 six month budget
÷ \$11.04 cost of pay at \$10.00 per hour
230.30 hours available

INTEGRATED FAMILY SERVICES RESPITE TIME SHEET

SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE

Employee Name: Mary Lamb **Last Four Digits SS #:** 1234

Childs Name: Sally Doe

*Will this employee continue to work for you? yes ___no

* Please check here if this employee has: quit ___ been fired ___ laid off for lack of work ___

If employee will no longer be working for you, please indicate date worked: _____

Date	Start Time Indicate AM or PM	End Time Indicate AM or PM	Number Of Hours Worked	Service Code IFSR	Hourly Pay Rate (must be at least minimum wage)
4/3/14	8:00 am	4:00 pm	8	IFSR	\$10.00
4/4/14	3:00 pm	6:00 pm	3	"	\$10.00
4/5/14	8:00 am	3:00 pm	7	"	\$10.00
		SAMPLE	TIMESHEET		
Total			<u>18</u>		

Total Hours 18 x **Hourly Rate** \$10.00 X 10.4% = \$198.72 **Cost of Services**

By signing below, we certify that:

- **To the best of our understanding, the above information is true, accurate and complete;**
- **We understand that if this timesheet is not accurate or complete, it will be returned for completion or correction before payment can be made; and that**
- **Under penalty of fraud, the employee is not a parent, step-parent, foster parent or guardian of the child.**

EMPLOYEE SIGNATURE: Mary Lamb

DATE: 4/6/14

EMPLOYER SIGNATURE: Jane Doe

DATE: 4/6/14

PRINT EMPLOYER NAME: Jane Doe

TIMESHEETS MUST BE SUBMITTED EVERY TWO WEEKS ACCORDING TO THE PAY SCHEDULE. IF MAILED, TIMESHEETS MUST BE POSTMARKED BY FRIDAY AND/OR BE RECEIVED IN THE ARIS SOLUTIONS OFFICE NO LATER THAN MONDAY OF THE PAY WEEK TO ENSURE PAYMENT.

FAX TO: 1-888-604-0361

E-MAIL TO: ARIStime@arissolutions.org

SUBMIT ELECTRONICALLY AT: www.arissolutions.org and Select "Electronic Timesheets"

SEND TO: ARIS SOLUTIONS - PO BOX 4409 - WHITE RIVER JUNCTION, VT. 05001

1-800-798-1658

www.arissolutions.org

INTEGRATED FAMILY SERVICES RESPITE TIME SHEET

Employee Name _____	Last Four Digits SS #: ____ _
Childs Name _____	

*Will this employee continue to work for you? yes no
* Please check here if this employee has: quit been fired laid off for lack of work
If employee will no longer be working for you, please indicate last date worked: _____

Date	Start Time Indicate AM or PM	End Time Indicate AM or PM	Number Of Hours Worked	Service Code IFSR	Hourly Pay Rate (must be at least minimum wage)
				IFSR	
Total					

Total Hours _____ x Hourly Rate _____ X 10.4% = _____ Cost of Services

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- Under penalty of fraud, the employee is not a parent, step-parent, foster parent or guardian of the child.

EMPLOYEE SIGNATURE _____ DATE _____

EMPLOYER SIGNATURE _____ DATE _____

PRINT EMPLOYER NAME: _____

TIMESHEETS MUST BE SUBMITTED EVERY TWO WEEKS ACCORDING TO THE PAY SCHEDULE. IF MAILED, TIMESHEETS MUST BE POSTMARKED BY THURSDAY AND/OR BE RECEIVED IN THE ARIS SOLUTIONS OFFICE NO LATER THAN MONDAY OF THE PAY WEEK TO ENSURE PAYMENT.

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**Wage/Tax Conversion Chart
Developmental Services**

Workers Wage per hour	FICA, SUTA Workers Comp. 10.40%	Total Cost per hour	Workers Wage per hour	FICA, SUTA Workers Comp. 10.40%	Total Cost per hour
\$10.80	\$1.12	\$11.92	\$16.50	\$1.72	\$18.22
\$10.90	\$1.13	\$12.03	\$16.75	\$1.74	\$18.49
\$11.00	\$1.14	\$12.14	\$17.00	\$1.77	\$18.77
\$11.25	\$1.17	\$12.42	\$17.25	\$1.79	\$19.04
\$11.50	\$1.20	\$12.70	\$17.50	\$1.82	\$19.32
\$11.75	\$1.22	\$12.97	\$17.75	\$1.85	\$19.60
\$12.00	\$1.25	\$13.25	\$18.00	\$1.87	\$19.87
\$12.25	\$1.27	\$13.52	\$18.25	\$1.90	\$20.15
\$12.50	\$1.30	\$13.80	\$18.50	\$1.92	\$20.42
\$12.75	\$1.33	\$14.08	\$18.75	\$1.95	\$20.70
\$13.00	\$1.35	\$14.35	\$19.00	\$1.98	\$20.98
\$13.25	\$1.38	\$14.63	\$19.25	\$2.00	\$21.25
\$13.50	\$1.40	\$14.90	\$19.50	\$2.03	\$21.53
\$13.75	\$1.43	\$15.18	\$19.75	\$2.05	\$21.80
\$14.00	\$1.46	\$15.46	\$20.00	\$2.08	\$22.08
\$14.25	\$1.48	\$15.73	\$20.25	\$2.11	\$22.36
\$14.50	\$1.51	\$16.01	\$20.50	\$2.13	\$22.63
\$14.75	\$1.53	\$16.28	\$20.75	\$2.16	\$22.91
\$15.00	\$1.56	\$16.56	\$21.00	\$2.18	\$23.18
\$15.25	\$1.59	\$16.84	\$21.25	\$2.21	\$23.46
\$15.50	\$1.61	\$17.11	\$21.50	\$2.24	\$23.74
\$15.75	\$1.64	\$17.39	\$21.75	\$2.26	\$24.01
\$16.00	\$1.66	\$17.66	\$22.00	\$2.29	\$24.29
\$14.00	\$1.46	\$15.46	\$22.25	\$2.31	\$24.56
\$14.25	\$1.48	\$15.73	\$22.50	\$2.34	\$24.84
\$14.50	\$1.51	\$16.01	\$22.75	\$2.37	\$25.12
\$14.75	\$1.53	\$16.28	\$23.00	\$2.39	\$25.39
\$15.00	\$1.56	\$16.56	\$23.25	\$2.42	\$25.67
\$15.25	\$1.59	\$16.84	\$23.50	\$2.44	\$25.94
\$15.50	\$1.61	\$17.11	\$23.75	\$2.47	\$26.22
\$15.75	\$1.64	\$17.39	\$24.00	\$2.50	\$26.50
\$15.75	\$1.64	\$17.39	\$24.25	\$2.52	\$26.77
\$16.00	\$1.66	\$17.66	\$24.50	\$2.55	\$27.05
\$16.25	\$1.69	\$17.94	\$24.75	\$2.57	\$27.32
24 hour wage		costs	24 hour wage		costs
\$150.00	\$15.60	\$165.60	\$160.00	\$16.64	\$176.64
\$170.00	\$17.68	\$187.68	\$180.00	\$18.72	\$198.72
\$190.00	\$19.76	\$209.76	\$200.00	\$20.80	\$220.80
					7/1/2014

STEPS TO CALCULATE YOUR BUDGET



Method 1:

1.

$$\frac{\$10.00}{\text{Hourly Pay Rate}} \times 10.4\% = \frac{\$11.04}{\text{Cost of Hourly Services}}$$

2.

$$\frac{\$2600.00}{\text{Total Budget Amount}} \div \frac{\$11.04}{\text{Cost of Hourly Services}} = \frac{230.30}{\text{Total Number of Hours Available}}$$

OR

Method 2:

1.

$$\frac{\$10.00}{\text{Hourly Pay Rate}} \times \frac{10}{\text{Hours Worked}} = \frac{\$100.00}{\text{Employee Gross Pay}}$$

2.

$$\frac{\$100.00}{\text{Employee Gross Pay}} \times 10.4\% = \frac{\$10.4}{\text{Employer Taxes}}$$

3.

$$\frac{\$10.40}{\text{Employer Taxes}} + \frac{\$100.00}{\text{Employee Gross Pay}} = \frac{\$110.40}{\text{Total Cost of Services Deducted From Budget}}$$

Example Budget:

\$2600.00	Sally Doe	Integrated Family Respite Services	January 1, 2015 to June 30, 2015
- <u>\$110.40</u>	Mary Lamb	10 hours worked x \$10.00 = \$100.00 x 10.4%	
\$2489.60	Remaining in Budget until June 30, 2015		