CLIENT BILLING SHEET
HOPWA PROGRAM

SERVICE PROVIDER:

Staff Person's Name: _____ For Billing Period from _____ to _____

Please use Ryan White standards for Case Management billing guideline ($32 non face-to-face or $40 face-to-face). If another rate is desired, it must be pre-approved by Idaho Housing and Finance.

DATE OF SERVICE	CLIENT CONFIDENTIAL ID	ACTIVITY CODE (ONE CODE PER LINE)	HOURLY RATE $	TIME SPENT WITH CLIENT (hours an ¼ hours)	TOTAL COST FOR SERVICES
EXAMPLE	ABC123	CM	40.00	5.25	**$ 210.00**
EXAMPLE	ABC123	HC	32.00	3.75	**$ 120.00**
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
			TOTAL COST FOR SERVICES		**$**

CM-Case Management, **CT**-Client Transportation (to eligible HOPWA activities/services), **HP**-Housing Placement, **HC**-Housing Counseling, **IR**-Identifying Resources, **FR**-Feasibility Research.

CERTIFICATION:

I certify that the information on this Client Billing Sheet is a true and correct record of time worked with the person or family indicated under Client Name. I also certify that the person indicated under Client Name meets the statutory definition of an eligible person as defined at 24 CFR 574.3 meaning that the person has HIV/AIDS and the household income does not exceed 80% of Area Median Income.

My certification also ensures that the Official IHFA Application has been completed and submitted to IHFA for each client listed.

_____ _____

Staff Person Signature Date Supervisor's Signature Date