



Hope Recovery Network

Monthly Time Record Peer Support Specialist Activities

Peer Support Specialist Name: **First Last**

Month/Year: *(Date Range of the form)* **01/09/22 - 01/16/22**

INSTRUCTIONS TO COMPLETE FORM

This HRN form is for Peer Supporters to submit details for reimbursement and/or compensation for various activities outside of direct one-on-one Peer Support and Mileage. This can be submitted for bi-weekly payroll, or Monthly if it is easier.

DATE: Day of service

START/END TIME: Helps calculate hourly compensation

BRIEF DESCRIPTION: Requirements differ for **A)** hourly compensation or **B)** Participation/Stipends with required receipts

A) Hourly Compensation (see types below): **Use 2 lines--First line** Administrative details (Group Name, Outreach Event title, HRN staff meeting, etc. Include location/building name, but submit address/mileage on Weekly Mileage log). **Second line** Subjective details (group topic, event details, # people in attendance, etc)

- **HRN Group Facilitation:** Include Date of Event, Title, and Single Line Summary of the group content/attendance. (Retain group sign-in sheet and your extended progress notes for up to 3 months). Preparation/Administration time will be compensated appropriately, but list separately. Include building name/location (address only needed on mileage log).
- **HRN Approved Outreach:** Include Date, Times and Event title/activity. (Staple documentation from the event/activity notes or flyers, email correspondence/coordination etc). Include building name/location (address only needed on mileage log).
- **Quarterly Staff Meeting:** Record date, times & list activity as HRN Staff Meeting.

B) Participant Supplies/Stipends (see types below): Receipts required for stipend/reimbursement.

- **Supporter Activity Stipend:** A maximum of \$5 per participant can be reimbursed to supplement Supporter costs incurred when engaging in activities with participants, no prior approval required. (Not for participant expenses. Examples include going out to eat, ticket for mini-golf, etc. to reimburse some of the out-of-pocket expenses to facilitate more support activity options).
- **Participant Activity Reimbursement:** For approved supplies participant's use in recovery support activities (*art supplies, sports equipment, books, board game, ect*). Email requests in advance with: **1)** item details; **2)** accurate cost estimate; **3)** brief description of use to meet the participants recovery support goals. *If appropriate and funds are available, submit here for reimbursement and note the use/progress in relevant Weekly Documentation Timesheets.*

TOTAL HOURS: Calculate duration from Start/End times for hourly compensation or when supplies/stipend was used.

Date	Start Time	End Time	Brief Description of Activity	Total Hours
1/10/22	4:00 PM	4:30 PM	WHAM group admin/preparation	0.5
			<i>Prepare worksheets, research warm up activity, copies ready</i>	
1/11/22	6:00 PM	7:30 PM	WHAM group facilitation, Oak House	1.5
			<i>Goal setting chapter, write goals, 8 attended. Suggestions for next week warm-up</i>	
1/11/22	7:30 PM	7:45 PM	WHAM group admin/follow-up	0.25
			<i>Stay to lock up, Turn in sign-up sheet, Book room next week, Call to promote/invite</i>	
1/12/22	11:00 AM	12:30 PM	HRN Staff Meeting	1.5
1/13/22	4:00 PM	6:00 PM	Mental Health Event at Beautiful Park, set up table with Jane John	2.0
			<i>Answer questions, talk with Firelands, approx 100 attend, gave 20 brochures</i>	
1/14/22	1:00 PM	2:00 PM	Participant Stipend, Lunch with A.B. Receipt attached. \$5	
1/15/23	3:00 PM	4:00 PM	Craft activity with C.D., gift for family, will finish next session	
			<i>Part of building relationship goals, Receipt attached. \$7.55</i>	
Monthly Total:				5.75

Signature: *Typed Signature accepted*

Date: *Date signed*