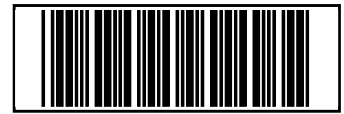


Nevada Timesheet

Homemaker, Respite, Chore, and Social Supervision



For the week of service, timesheets are due the following Monday by midnight if faxed or dropped off, and postmarked by Monday if mailed. Timesheets are due every week. Due to the timing of the payroll cycle, late timesheets will result in late pay. Timesheets must be signed AFTER all work is completed. Advance timesheets will not be accepted.

Employee Name (Please Print)	Employee ID	Consumer Name (Please Print)	Consumer ID

Service Code Key: H = Homemaker, R = Respite, S = Social Supervision, C = Chores

Service Date (MM/DD)	Time In	Time Out	Service Code				Task(s)	Initials	
			H	R	S	C		Emp	Cons
1 <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
2 <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
3 <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
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6 <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
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8 <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
9 <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
10 <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
11 <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
12 <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
13 <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

Was the Member in a hospital, emergency room, urgent care, nursing home, or any other institution or facility at **any time** during this week?

Yes

Explain:

I certify that the hours, services, and tasks indicated above were provided to the Consumer by the Employee as recorded, in accordance with the care plan. The Consumer was not in a hospital, nursing home, or institution. False information or misrepresentation constitutes Medicaid fraud and may result in dismissal from the program and/or criminal prosecution.

Employee Signature

Date (MM/DD/YY)

Consumer/Representative Signature

Date (MM/DD/YY)

Mail: 1005 Terminal Way, Suite 125 Reno, NV 89502-2179

17804

Email: infocdnv@consumerdirectcare.com

Fax: 1-877-786-4998 Phone: 1-877-786-4999



Timesheet Instructions

These items must be completed for your timesheet to be processed:

- Employee Name
- Employee ID (first 7 digits)
- Consumer Name
- Consumer ID (7 digits)
- Service Code
- Initials (Employee and Consumer)
- Employee Signature & Date
 - Must be dated on or after the last day worked and filled in by the employee at the time of signing.
- Client Signature & Date
 - Must be dated on or after the last day worked and filled in by the client at the time of signing.

Each line of time must include:




- Service Date
- Time In
- Time Out
- Task(s)

Make sure your timesheet is filled out completely and correctly, with all entries made neatly inside the boxes. Payment may be delayed if letters or numbers are not printed neatly inside the boxes WITHOUT touching any lines, or are not readable.

Please continue on a second timesheet if you run out of room on the first. Bold items on the list to the left must also be filled in on the second form.

For best results use **BLACK** ink

Shade circles completely, like this: 

Not like this:   

Fill boxes like this:

A	B	C	1	2	3
---	---	---	---	---	---

Not like this:

A	B	C	1	2	3
---	---	---	---	---	---

Making Corrections

Cross out the incorrect line and rewrite the information on the next blank line like this:

9	03	02		:		<input type="radio"/> AM		:		<input type="radio"/> AM
				:		<input type="radio"/> PM		:		<input type="radio"/> PM
10	04	01	02	:	15	<input type="radio"/> AM		:	15	<input checked="" type="radio"/> PM
				:		<input checked="" type="radio"/> PM		:		



Do not write over the top of incorrect information like this:

1	09	09	09	:	00	<input type="radio"/> AM		:	00	<input checked="" type="radio"/> PM
				:		<input checked="" type="radio"/> PM		:		
2	04	02	04	:	00	<input type="radio"/> AM		:	30	<input checked="" type="radio"/> PM
				:		<input checked="" type="radio"/> PM		:		



Back page is for information only. Please do not submit it with your timesheet.

