

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.

Sunday that started your work week

MM	DD	YY
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Employee Name (Please Print)	Employee ID	Consumer Name (Please Print)	Consumer ID

Service Code: T1019 = Personal Care Services

	Service Date		Time In		Time Out		Task(s)	Initials	
	Month (MM)	Day (DD)	Hour (HH)	Min (MM)	Hour (HH)	Min (MM)		Emp	Cons
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									

Was the Consumer in a hospital, emergency room, urgent care, nursing home, or any other institution or facility at **any time** during this week?
 ____ No. ____ Yes. If yes, note dates and call office for further instruction.

Was there any variance from the Consumer's care plan this week?
 ____ No. ____ Yes. If yes, note shift number and details here.

I certify that the hours and services indicated above were provided to the Consumer by the Employee as recorded, in accordance with the care plan. I certify that the Consumer was not in a hospital, facility, or incarcerated during this shift. I understand that falsifying this information is Medicaid Fraud and can result in program removal and/or criminal prosecution.

Employee Signature

Consumer/Representative Signature

Date (MM/DD/YY)

MM	DD	YY
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Date (MM/DD/YY)

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

Email: info@consumerdirectcare.com

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

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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)**
- **Task(s)**
- **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.
- **Consumer 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)
- Initials (Employee and Consumer)

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 if they 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	12			:			○ AM
					:			○ PM
10	04	01			:	02	15	○ AM
					:			● PM
					:			○ AM
					:			○ PM
					:	05	15	○ AM
					:			● PM



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

1	03	02			:	00	00	○ AM
					:			● PM
2	03	02			:	04	00	○ AM
					:			● PM
					:			○ AM
					:			● PM
					:	11	30	○ AM
					:			● PM



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

