

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 (Plea	mployee 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	Juc 1		Tim			cospite,		Serv	vice	Code S C	Task(s)				Init Emp	t ials Cons
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2 /			O AM O PM]:[O AM O PM	0	0	0 0						
3 /			O AM O PM]:[O AM O PM	0	0	0 0						
4			O AM O PM]:[O AM O PM	0	0	0 0						
5 /			O AM O PM]:[O AM O PM	0	0	0 0						
6 /			O AM O PM]:[O AM O PM	0	0	0 0						
7			O AM O PM]:[O AM O PM	0	0	0 0						
8 /			O AM O PM]:[O AM O PM	0	0	0 0						
9 /			O AM O PM]:[O AM O PM	0	0	0 0						
10 /			O AM O PM]:[O AM O PM	0	0	0 0						
	:		O AM O PM]:[O AM O PM	0	0	0 0						
2 /	:		O AM O PM]:[O AM O PM	0	0	0 0						
3 /	:		O AM O PM]:[O AM O PM	0	0	0 0						

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

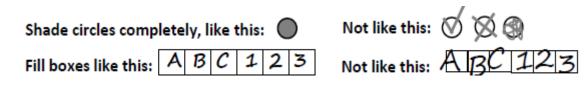
Explain:

I certify that the hours, services, an tasks indicated above were provide the Consumer by the Employee as recorded, in accordance with the ca plan. The Consumer was not in a hospital, nursing home, or instituti False information or misrepresenta constitutes Medicaid fraud and ma result in dismissal from the program and/or criminal prosecution. Rev 2/21/17

nd ed to	Employee Signature	Date	Date (MM/DD/YY)								
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ion. ation	Consumer/Representative Signature	Date	e (MN	(MM/DD/YY)							
ay .m				/			/				
		E 1 055 507 4000				17	7804				
Mai	il: 1005 Terminal Way, Suite 294 Reno, NV 89502-2179 Have Questions? Phone: 1-877-786-49	Fax: 1-877-786-4998 99									

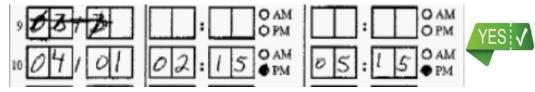
Timesheet Instructions

 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 employee 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						

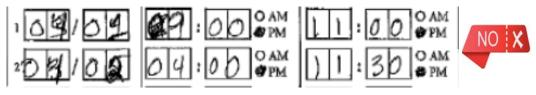


Making Corrections

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



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



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

