CONSUMER DIRECT PERSONAL CARE
Self-Directed Attendant Care Services

TIMESHEET

Phone: **(520) 398-8409**
Toll Free: 1-888-398-8409
Fax: **(520) 398-8413**
Toll Free: 1-877-398-8413
2231 East Speedway Blvd.
Tucson, AZ 85719

For the week of service, timesheets are due the following Monday by Midnight if faxed or dropped off and postmarked by Monday if by mail. Due to the timing of the payroll cycle, late timesheets may result in late pay.

Attendant Care Worker (ACW) Name: _____

Consumer Name: _____

Please print clearly!

Office Use Only
☐ C:Late ☐ ALTCS
☐ C:IOT ☐ CSS

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date (MM/DD/YY)	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							
Total Time Worked							
NOTE: Timesheets must be signed AFTER the work is completed. Advance timesheets will not be accepted.							

Weekday Hours: _____ ***Evening/Weekend Hours:** _____ **Total Weekly Hours:** _____

* Evening Hours refer to those hours when the shift began after 5PM on a weekday. For example, if a shift begins at 4 PM and lasts until 6PM hours are still considered "Weekday."

Attendant Care Worker: I certify that I have worked the above hours listed for this Consumer and that services were provided in accordance with the ACW Schedule/Consumer Care Plan. I understand that falsification of this timesheet is considered Medicaid Fraud and may result in dismissal from the program and criminal prosecution.

_____/____/_____ _____
ACW Signature *Date* Phone Number

Consumer: Please initial to verify each statement for this time period [if any are "yes", please explain below]:

_____ 1. I was in the hospital

_____ 2. There has been a change in my health condition

_____ 3. I did have an ACW call off this week

Explain:_____

_____

I certify that the above logged the hours listed for this ACW are accurate and that services were provided in accordance with the Attendant Care Worker Schedule/Consumer Care Plan. I understand that falsification of this timesheet is considered Medicaid Fraud and may result in dismissal from the program and criminal prosecution.

☐ ***Please send extra timesheets***

Timesheets can also be found at www.consumerdirectonline.net

_____/____/_____
Consumer Signature *Date*