



TIMESHEET

CSS FEA Private Pay

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 will result in late pay.

Caregiver Name: _____



Office Use Only
 C:Late ALTCS
 C:IOT CSS

Consumer Name: _____

Please print clearly!

Service Codes-Check the appropriate service code box(s) in Time In AC=Attendant Care PC=Personal Care HK=Housekeeping RS=Respite

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date (MM/DD/YY)	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Service Code	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS
Time In							
Time Out							
Service Code	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS
Time In							
Time Out							
Service Code	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS
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 are 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."

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: _____

Caregiver: 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. Further, I understand that Consumer Direct will not pay for any services provided by a Caregiver that does not have up-to-date CPR, First Aid, TB Test or Continuing Education.

_____/_____/_____
 Caregiver Signature Date Phone Number

_____/_____/_____
 Consumer Signature Date Phone Number

Please send extra timesheets. Timesheets can also be found online at www.consumerdirectonline.net