

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: _____



Please print clearly!

Office Use Only

- C:Late
 C:IOT

Consumer Name: _____

	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.

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." If you are a family or spouse caregiver, please simply total your hours.

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