



# TIMESHEET

CSS  FEA  Private Pay

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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

Member Name: \_\_\_\_\_

Please print clearly!

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date (MM/DD/YY)	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Time In	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R
Time Out							
Time In	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R
Time Out							
Time In	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> H <input type="checkbox"/> R
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."

Member: 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 Member and that services were provided in accordance with the ACW Schedule/Member 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: Please initial whether a decline in member's health was observed for the week.

No decline in health: \_\_\_\_\_ Decline in health observed: \_\_\_\_\_

If observed, please explain: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Caregiver Signature Date Phone Number Member Signature Date Phone Number

Please send extra timesheets. Timesheets can also be found online at [www.consumerdirectonline.net](http://www.consumerdirectonline.net)