

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.

Office Use Only
 C:Late ALTCS
 C:IOT CSS

Caregiver Name: _____ Member Name: _____

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

Date (MM/DD/YY)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	
	<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	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	
Time In									
Time Out									
	<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	<input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HK <input type="checkbox"/> RS	
Time In									
Time Out									
Bathing, Bed, Bath, Shower, Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dressing Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Eating Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Medication Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Household Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Shopping/Errands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (List in Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total Time Worked									
Member Initials*									

**My initials indicate the caregiver worked the time recorded and performed the tasks checked. Timesheets must be signed AFTER the work is completed. Advance timesheets will not be accepted.*

Notes:

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 a caregiver 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. I understand that this report may be relied upon in the payment of claims that will be from Federal and State Funds, and that any willful falsification, or concealment of a material fact, may be prosecuted under Federal and State Laws. I certify that to the best of my knowledge the foregoing information is true, accurate and complete.

Caregiver Signature _____ Date _____ Phone Number _____
 Consumer Signature _____ Date _____ Phone Number _____

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