

Fill circles like this:     Not like this:

Fill boxes like this: 

A	B	C	1	2	3
---	---	---	---	---	---

 Not like this: 

A	B	C	1	2	3
---	---	---	---	---	---

**1. Employee Name.** Print Employee's Name.

**2. Employee ID.** First seven digits of employee ID number.

**3. Member Name.** Print Member's Name.

**4. Member ID.** Seven digit member ID number.

**5. Sunday that Started this pay period.** The date of the Sunday at the beginning of the pay period, in MM/DD/YY format. For example, if the first day of the week you worked was Tuesday, 11/15/16, then this would be 11/13/16.

**6. Service Date.** The date services were provided, in MM/DD format.

**7. Time In.** The time your shift began, in HH:MM format. Choose AM or PM by filling in the correct circle.

**8. Time Out.** The time your shift ended, in HH:MM format. Choose AM or PM by filling in the correct circle.


**9. Service Code.** The code for the service you performed this shift. Start your code in the FIRST box. Leave any extra boxes empty.

**10. Hospitalization.** Answer "yes" if the member was in the hospital or any other institution during this week and explain.


**11. Comments.** Include the specific location and required details for all shopping, CI, and Medical Escort time.

**12. Employee Signature.**

**14. Member Signature.**



**Shopping, CI, Waiver,  
Training, & Medical Escort  
TIMESHEET**



Sunday that started this work week:  /  /

For the week of service, timesheets are due the following Monday by Midnight. You may fax, drop off, or email your timesheets. Mail is discouraged as it can not guarantee timely pay. Timesheets are due every week. Due to the timing of the payroll cycle, late timesheets will result in late pay. Timesheets must be signed AFTER all work is completed. Advance timesheets will not be accepted. Please see back for instructions.

Employee Name (Please Print)	Employee ID	Member Name (Please Print)	Member ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Service Date (MM/DD)	Shift/Drive Start	Shift/Drive End	Service Code
<input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/>
<input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/>
<input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/>
<input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/>
<input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/>
<input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/>
<input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/>
<input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/>

Was the Member in a hospital, emergency room, urgent care, nursing home, or any other institution or facility at any time during this week?  
 Yes  No  
 Explain:

**Comments:** Include the specific destination for all Shopping or CI time. For Medical Escort, write the location of the appointment and the name of the healthcare provider. A Medical Office Representative must sign off on this information to indicate that services were provided.

I certify that the hours, services, and tasks indicated above were provided to the Member by the Employee as recorded. Medical Escort services were provided to the nearest Medicaid Provider. The Member was NOT in a hospital, nursing home, or institution. False information or misrepresentation constitutes Medicaid fraud and may result in dismissal from the program and/or criminal prosecution.	<table style="width: 100%;"> <tr> <td style="width: 50%;">Employee Signature</td> <td style="width: 50%;">Date (MM/DD/YY)</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/> / <input type="text"/> / <input type="text"/></td> </tr> <tr> <td>Member/PR Signature</td> <td>Date (MM/DD/YY)</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/> / <input type="text"/> / <input type="text"/></td> </tr> <tr> <td>Provider Representative Signature</td> <td>Date (MM/DD/YY)</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/> / <input type="text"/> / <input type="text"/></td> </tr> </table>	Employee Signature	Date (MM/DD/YY)	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Member/PR Signature	Date (MM/DD/YY)	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Provider Representative Signature	Date (MM/DD/YY)	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Employee Signature	Date (MM/DD/YY)												
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>												
Member/PR Signature	Date (MM/DD/YY)												
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>												
Provider Representative Signature	Date (MM/DD/YY)												
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>												

Drop Off: 100 Consumer Direct Way Ste 145 Missoula, MT 59808  
 Fax: 1-855-486-7246  
 Email: cdnmts@consumerdirectcare.com

**13. Employee Signature Date.** In MM/DD/YY format. This must be on or after the last day worked

**15. Member Signature Date.** In MM/DD/YY format. This must be on or after the last day worked