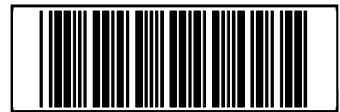


CFC/PAS TIMESHEET



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.

Sunday that started this work week.

MM	DD	YY
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Employee Name (Please Print)	Employee ID	Member Name (Please Print)	Member ID

Service Date (MM/DD)	Time In	Time Out	Tasks										Service Code: CFCPAS						
			Bathing	Pers. Hygiene	Meal Prep/Eat	Exercise	Med Remind	Other	Med Admin	Urinary	Bowel Prog.	Wound Care	House Care	Yard Maint	Corresp.	Yard Haz.			
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			

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

Explain:

Specify any tasks refused by the member. Include shift number.	Specify any use of the "other" task field. Include shift number.
--	--

I certify that the hours, services, and tasks indicated above were provided to the Member by the Employee as recorded. 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.

Employee Signature	Date (MM/DD/YY)
Member/PR Signature	Date (MM/DD/YY)
Provider Representative Signature	Date (MM/DD/YY)

Drop Off: 100 Consumer Direct Way Ste 145 Missoula, MT 59808

29569

Fax: 1-855-486-7246

Email: cdmts@consumerdirectcare.com



Timesheet Instructions

These items must be completed for your time sheet to be processed:

- **Employee Name**
- **Employee ID**
- **Sunday that Started this Pay Period**
 - Example: if the first day worked was Tues. the 12th, this would be Sun. the 10th.
- **Member Name**
- **Member ID**
- **Employee Signature & Date**
 - Date must be on or after the last day worked.
- **Member Signature & Date**
 - Date must be on or after the last day worked.

Each line of time must include:

- Service Date (MM/DD format)
- Time In (including hour (HH) minutes (MM), and am/pm bubble)
- Time Out (including hour (HH) minutes (MM), and am/pm bubble)
- Task(s) Completed

Make sure your time sheet is complete and correct, with all entries made neatly inside the boxes. Payment may be delayed if numbers are not printed neatly inside the boxes WITHOUT touching any lines, or are not readable.

Please continue on a second time sheet if you run out of room on the first. Bold items on the list to the left must also be filled in on the second form.

For best results use **BLACK** ink

Shade circles completely, like this:

Not like this:

Fill boxes like this:

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

Not like this:

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

Making Corrections

If you make a mistake **before** turning in your timesheet, cross out the incorrect line and rewrite the information on the next blank line like this:

9	03/12	09:00	02:15	<input type="radio"/> AM <input type="radio"/> PM	05:15	<input type="radio"/> AM <input type="radio"/> PM	
10	04/01	02:15	05:15	<input type="radio"/> AM <input checked="" type="radio"/> PM	05:15	<input type="radio"/> AM <input checked="" type="radio"/> PM	

Do not write over the top of incorrect information like this:

1	03/09	09:00	04:00	<input type="radio"/> AM <input checked="" type="radio"/> PM	11:00	<input type="radio"/> AM <input checked="" type="radio"/> PM	
2	03/09	04:00	11:30	<input type="radio"/> AM <input checked="" type="radio"/> PM	11:30	<input type="radio"/> AM <input checked="" type="radio"/> PM	

If you make a mistake and the timesheet gets returned to you for corrections, you **must** fill out a new timesheet.

