

TIME SHEET INSTRUCTIONS

Make sure your timesheet is filled out completely and correctly. All entries must be printed neatly inside the boxes, without touching any border (see examples below). AM/PM bubbles must be filled completely. If letters or numbers are not within the boxes, or are not readable, payment may be delayed. Each shift worked must include Service Date, Time In with AM/PM, Time Out with AM/PM, and Service Code.

Fill circles like this: ● ● ● ● **Not like this:** ☑ ☒ ☓

Fill boxes like this:

A	B	C	1	2	3
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Not like this:

ABC	12	3
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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 your work week. The date of the Sunday at the beginning of the work week, 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.

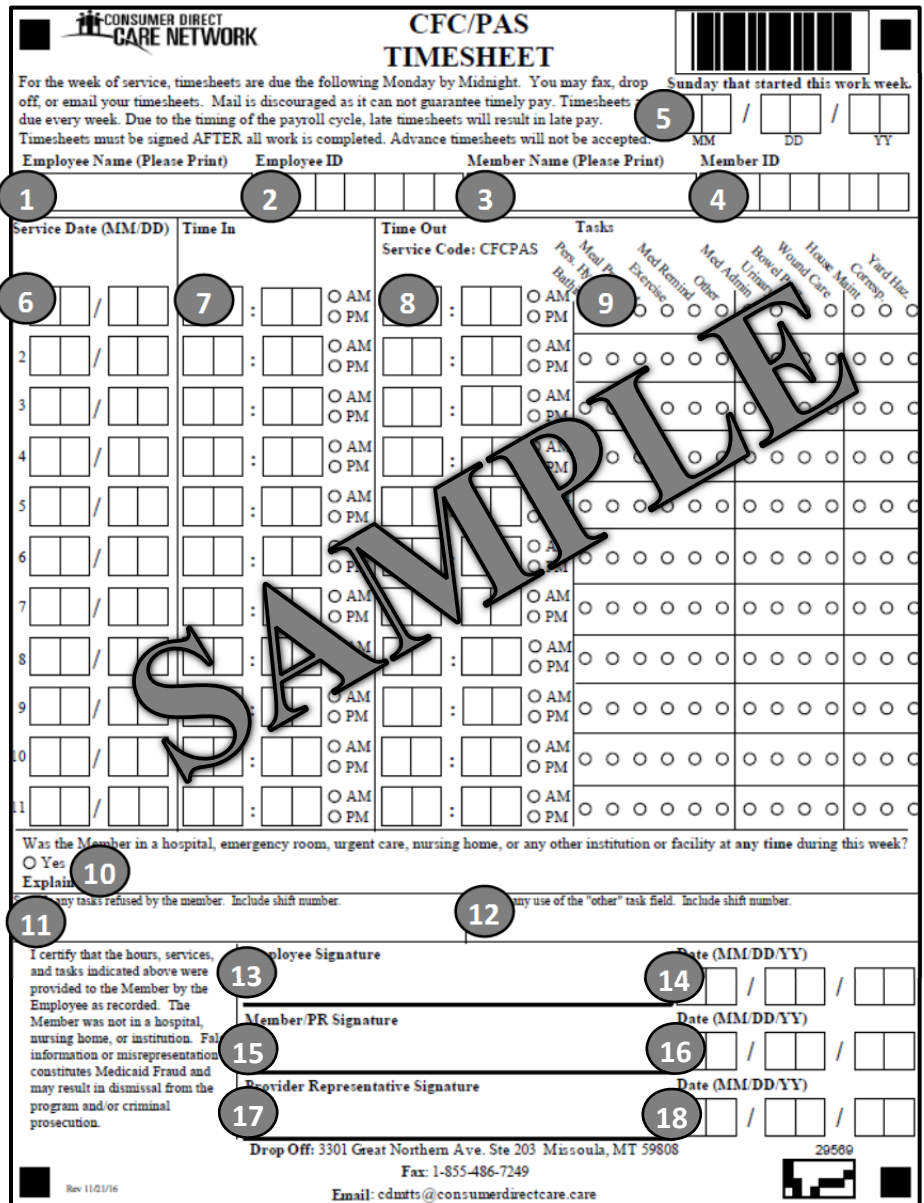
9. Task. Choose which task(s) you completed for this shift by filling in the correct circle(s). Fill in as many as needed.

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

11. Refused tasks (if applicable). If a task was refused by the member, specify here

12. "Other" task explanation (if applicable). If the "other" task circle was used, specify what was completed.

13. Employee Signature.



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.

Employee Name (Please Print) _____ Employee ID _____ Member Name (Please Print) _____ Member ID _____

Service Date (MM/DD) _____ Time In _____ : _____ AM/PM _____ Time Out _____ : _____ AM/PM _____

Tasks: Per. Hy. Bath Meal Prep Med Remind/Exercise Med Admin Bowel Prep Wound Care House Maint Yard Work

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: _____

any tasks refused by the member. Include shift number _____ 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: 3301 Great Northern Ave. Ste 203 Missoula, MT 59808
Fax: 1-855-486-7249
Email: edunits@consumerdirectcare.com

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

15. Member Signature.

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

17. Provider Signature. (Consumer Direct Care Network Representative)

18. Provider Signature Date. In MM/DD/YY format. This must be on or after the last day worked