

Was the Member in a hospital, emergency room, urgent care, nursing home, or any other institution or facility at **any time** during this week? O Yes

Explain:

I certify that the hours and services indicated above were provided to the Member by the Employee as recorded. The Member was NOT in a hospital, nursing home, or institution. Falsification of this time sheet is considered fraud and may result in dismissal from the program and/or criminal prosecution.

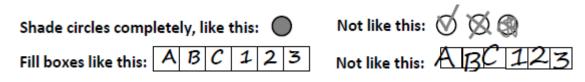
services	Employee Signature	Date	Date (MM/DD/YY)								
ided to the as as NOT in				/			/				
or f this time and may e program on.	Member/PR Signature	Date	(MM	/D] /	D/Y	Y)	/ [
	Drop Off: 100 Consumer Direct Way Ste 145 Missoula, MT 5980 Fax: 1-855-486-7246	08			F	3	694				

Email: cdmtts@consumerdirectcare.com

Timesheet Instructions

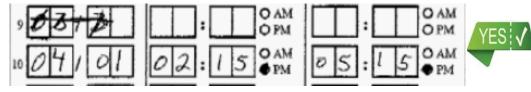
 Employee Name Employee ID (first 7 digits) Member Name Member ID Employee Signature & Date Must be dated on or after the last day worked. Member Signature & Date 	 Each line of time must include: Service Date (MM/DD format) Time In (including am/pm) Time Out (including am/pm) CSS Type cSS Type ke sure your timesheet is filled out completely and rectly, with all entries made neatly inside the es. Payment may be delayed if letters or numbers not printed neatly inside the boxes WITHOUT ching any lines, or are not readable.
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For best results use **BLACK** ink

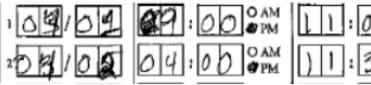


Making Corrections

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:



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





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

Service Codes				
Service	Enter As:			
Private Pay	PCA			
VAPCA	VAPCA			
VA Respite	VARESPITE			

