



Starting Point TIME SHEET- SUPPORTING DOCUMENTATION

Consumer Name: (please print)	Week End Date:	Case #
Provider Name: (Please print)	Service Code(s): <input type="checkbox"/> Respite Care /T1005; CLS H2015	

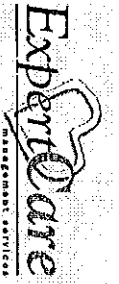
FOR EACH CLS SHIFT PLEASE PLACE A CHECK MARK INDICATING THE SERVICE YOU PROVIDED AND WHICH DAY IT WAS PERFORMED. THESE SHOULD REFLECT THE GOALS IN THE PLAN OF SERVICE.

Reminder, Observe, Train & Support	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Food Preparation							
Laundry							
Routine Household Care							
Activities of Daily Living							
Shopping							
Money Management							
Socialization/Relationship Building							
Leisure Choices/ Participation in Community Activities							
Medical Appointment Attendance							
Transportation to Community Activity:							
Monitor & Protection of Health and Safety							
Non-Medical Care							
Monitor Self Administration of Medication							

REQUIRED: FOR EACH SHIFT WORKED (RESPITE/CLS) PLEASE NOTE WHAT WAS DONE AND ANY CONCERNS OR OBSERVATIONS YOU HAVE.

Date:	Location(s): Home <input type="checkbox"/> Community <input type="checkbox"/>	CLS time In and Out	to	Respite time In and Out	Caregiver Signature:
Notes:					
Date:	Location(s): Home <input type="checkbox"/> Community <input type="checkbox"/>	CLS time In and Out	to	Respite time In and Out	Caregiver Signature:
Notes:					
Date:	Location(s): Home <input type="checkbox"/> Community <input type="checkbox"/>	CLS time In and Out	to	Respite time In and Out	Caregiver Signature:
Notes:					
Date:	Location(s): Home <input type="checkbox"/> Community <input type="checkbox"/>	CLS time In and Out	to	Respite time In and Out	Caregiver Signature:
Notes:					
Date:	Location(s): Home <input type="checkbox"/> Community <input type="checkbox"/>	CLS time In and Out	to	Respite time In and Out	Caregiver Signature:
Notes:					
Date:	Location(s): Home <input type="checkbox"/> Community <input type="checkbox"/>	CLS time In and Out	to	Respite time In and Out	Caregiver Signature:
Notes:					

IMPORTANT - A COMPLETED TIMESHEET INCLUDES BOTH PAGE 1 AND 2 FILLED OUT IN ENTIRETY WITH AN AUTHORIZED SIGNATURE!



## Starting Point TIMESHEET – TIME IN/TIME OUT

I understand as a condition of my employment, I must adhere to the scheduled hours allocated to the consumer for whom I provide care. In the event a budget is modified, ExpertCare Management Services is the only party that can authorize a change in your employee work schedule. Violation of this policy will result in disciplinary action up to and including termination. **Provider:** Please fill in completely. Keep a copy for yourself. The ExpertCare copy of the completed time card **must be received** in our office by 8:00am on Monday, **regardless of a holiday.** Failure to turn in your timesheet by the deadline will result in delay of pay until the next pay date.

<b>Week Ending</b>	<b>Consumer (Please Print)</b>	<b>Provider (Please Print)</b>
--------------------	--------------------------------	--------------------------------

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Week Total
Date								
CLS Time In								
CLS Time out								
<b>CLS Total</b>								
Respite Time In								
Respite Time Out								
<b>Respite Total</b>								
Per Diem Time In								
Per Diem Time Out								
<b>Per Diem Total</b>								

*Please indicate if hours worked are CLS, Respite or Per Diem by completing the box aligned with the service you performed. Specify 2:1 care if applicable.*

I attest, under the penalty of perjury, I have worked the hours declared above and they are true, correct and compliant with Federal and State Funds. Signatures are not to be copied from a previous timesheet and must be the original signatures. Consumers, by signing this timesheet, you attest that all information is accurate. No whiteout or pre-signed timesheets will be accepted. Timesheets must reflect actual hours worked.

Provider's Signature: \_\_\_\_\_

Last 4 digits of social security: \_\_\_\_\_

Authorized Consumer Signature: \_\_\_\_\_

**IMPORTANT - A COMPLETED TIMESHEET INCLUDES BOTH PAGE 1 AND 2 FILLED OUT IN ENTIRETY WITH AN AUTHORIZED SIGNATURE!**

**IT IS A REQUIREMENT THAT CLS AND RESPITE HOURS BE DOCUMENTED AGAINST THE GOALS IN THE PLAN OF SERVICE. ANY QUESTIONS PLEASE CALL 1-866-812-8896**

If you would like to verify receipt of timesheet please leave a message in the payroll mailbox: 248-205-7205 Payroll will return the call on Monday if there is a problem or if the timesheet was not received.