



ARC TIMESHEET – TIME IN/TIME OUT

SECTION 2 OF TIMESHEET

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. Caregiver: 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.

Week Ending	Consumer (Please Print)	Caregiver (Please Print)	MORC #
7/23/2011	Jane Doe	Hal Helpful	12345

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Week Total
Date:	7/18/2011	7/19/2011	7/20/2011					
CLS-Time In	3:00pm		4:00pm					
CLS-Time out	7:00pm		8:30pm					
CLS Total	4		4.5					8.5
Respite Time In			5:00pm					
Respite Time Out			9:00pm					
Respite Total			4					4
Per Diem Time in								
Per Diem Time Out								
Per Diem Total								

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.

Caregiver's Signature: Hal Helpful Title: Caregiver Date: 7/20/2011

Last 4 digits of social security: 1234

Authorized Consumer Signature: Mary Doe Date: 7/20/2011

Printed name of authorized signer: Mary Doe Relationship to Consumer: Guardian (mother)

IMPORTANT - A COMPLETED TIMESHEET INCLUDES BOTH SECTIONS 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.

CLS Data Log (H2015) - ARC - Section 1 of Timesheet

CLS: Reminding, Observing, Guiding, Assisting, Supporting and/or Training the Person with:

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Prep	Laundry	Routine Household Care	ADLs	Shopping	Money Skills	Socialization Relationship Building	Transport - Community Activity	Leisure Choice	Participation Community Activity	Med. Appt. Attended	Non-medical treatments	Monitor self-administration of meds	Monitor & protect health & safety				

Service Date: 07/18/2011 Start Time: 3:30pm Stop Time: 7:00pm Location: Home Community

Note: Assisted Jane with Laundry. Jane sorted the clothes with few verbal prompts. Assisted Jane with selecting the right cycle on the washer. Monitored Jane move the clothes from washer to dryer and start the dryer correctly.

Assisted Jane with folding the laundry. Jane was given 2 healthy choices for dinner. Jane did not want either choice; reminded Jane of her goal to eat healthy food. She made a choice from the offered selections.

Assisted Jane with dinner preparations. Explained the correct way to use knife safety. Demonstrated for Jane. Monitored safety while Jane sliced a cucumber. Verbally prompted safe way to use knife 2 times.

Caregiver Signature: *Hal Helpful* Title: Caregiver Date: 7/18/2011

CLS: Reminding, Observing, Guiding, Assisting, Supporting and/or Training the Person with:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Prep	Laundry	Routine Household Care	ADLs	Shopping	Money Skills	Socialization Relationship Building	Transport - Community Activity	Leisure Choice	Participation Community Activity	Med. Appt. Attended	Non-medical treatments	Monitor self-administration of meds	Monitor & protect health & safety				

Service Date: 7/20/2011 Start Time: 4:00pm Stop Time: 8:30pm Location: Home Community Clawson Park

Note: Assisted Jane with shower. Helped her get in and out of tub. Verbal prompts given for hairwashing. Jane performed 90% of styling hair independently. Jane needed assistance with picking out weather appropriate clothes.

Jane was offered 2 activities in the community. She chose to go to the park for a walk. Monitored safety - Jane's gait was fairly steady today and she did not need assistance when walking. Jane and I talked about the things/people we saw in the park.

Prompted Jane to initiate greeting people we often see in the park. Jane chose not to initiate greetings with the first 2 people we saw walking toward us - but then greeted the next three.

Caregiver Signature: *Hal Helpful* Title: Caregiver Date: 7/20/2011

CLS: Reminding, Observing, Guiding, Assisting, Supporting and/or Training the Person with:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Prep	Laundry	Routine Household Care	ADLs	Shopping	Money Skills	Socialization Relationship Building	Transport - Community Activity	Leisure Choice	Participation Community Activity	Med. Appt. Attended	Non-medical treatments	Monitor self-administration of meds	Monitor & protect health & safety				

Service Date: Start Time: Stop Time: Location: Home Community

Note:

Staff Signature: Title: Date:

A completed timesheet includes Section 1: CLS Data Log and Respite Notes and Section 2: Time in and time out with an authorized signature.

All CLS shifts must be spent working on the goals in the plan of service and documented to show this. Please refer to definitions and explanations from your Orientation, New Hire Training and other materials received regarding timesheets.

