

Individualized Home Support

Check One without training with training with family training

Week 1 (include all shift activities on separate Progress Notes page)

Date	Weekday	Shift 1		Shift 2		Location(s) of services (e.g., home, community center, grocery store)	TOTAL HOURS
		Time in	Time out	Time in	Time out		
	Wednesday	AM PM	AM PM	AM PM	AM PM		
	Thursday	AM PM	AM PM	AM PM	AM PM		
	Friday	AM PM	AM PM	AM PM	AM PM		
	Saturday	AM PM	AM PM	AM PM	AM PM		
	Sunday	AM PM	AM PM	AM PM	AM PM		
	Monday	AM PM	AM PM	AM PM	AM PM		
	Tuesday	AM PM	AM PM	AM PM	AM PM		

WEEK 1 TOTAL:


Week 2 (include all shift activities on separate Progress Notes page)

Date	Weekday	Shift 1		Shift 2		Location(s) of services (e.g., home, community center, grocery store)	TOTAL HOURS
		Time in	Time out	Time in	Time out		
	Wednesday	AM PM	AM PM	AM PM	AM PM		
	Thursday	AM PM	AM PM	AM PM	AM PM		
	Friday	AM PM	AM PM	AM PM	AM PM		
	Saturday	AM PM	AM PM	AM PM	AM PM		
	Sunday	AM PM	AM PM	AM PM	AM PM		
	Monday	AM PM	AM PM	AM PM	AM PM		
	Tuesday	AM PM	AM PM	AM PM	AM PM		

WEEK 2 TOTAL:

Acknowledgments and signatures:

After the employee has documented his or her time and activity, the recipient must draw a line through any dates and times he or she did not receive services from the employee. Review the completed timesheet for accuracy before signing -- **do not sign a blank timesheet**. Providing false information on billings for Medical Assistance payment is a federal crime. Your signature certifies the time and services entered above are accurate and that the services were performed as specified in your Care Plan.

Client name (printed):	Date of birth:	Please use standard 12-hour time, in 15-minute increments, with time entered as decimals, not hours (e.g., 4.75 hours for 4 hours and 45 minutes). Indicate AM or PM for every "TIME IN" and every "TIME OUT." Every date box must have month/day/year entered for the entire timesheet. Staff must fill out the timesheet each shift and may never pre-fill the timesheet. The timesheet must be an original timesheet, not photocopied. Incomplete, incorrect, or illegible timesheets cannot be accepted for billing. Use only black or blue ink.
Client/responsible party signature:	Date:	
Employee name (printed):	UMPI:	 <p>APEX HOME CARE FAX: 651-305-1150</p> <p>Call the office to verify your time sheet was received: 651-352-9910</p>
Employee signature:	Date:	

Timesheet due day is every other Tuesday at 3:00 PM. (See Payroll Calendar.)