



Payroll Period: ____/____/____ to ____/____/____

Personal Care Attendant Timesheet

Employer Name: _____ Attendant Name: _____

	MON	TUES	WED	THUR	FRI	SAT	SUN
DATES	/	/	/	/	/	/	/
TIME-IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME-OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
PARTICIPANT INITIALS							
ATTENDANTS INITIALS							
TIME-IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME-OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
PARTICIPANT INITIALS							
ATTENDANTS INITIALS							
DAILY TOTAL							

	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
Check box if hospitalized	☐ Hosp		☐ Hosp		☐ Hosp		☐ Hosp		☐ Hosp		☐ Hosp		☐ Hosp	
TASKS	MON	TUES	WED	THUR	FRI	SAT	SUN							
Personal Care														
Toileting														
Health														
Housekeeping														
Meal														
Transportation														

Note: Signature verifies that all dates and times entered are true and accurate. I understand that my attendant cannot be paid for time I am in the hospital. Falsification of timesheets is Medicaid Fraud. INHERITANCE HEALTHCARE SERVICES LLC. procedure is to report all suspected fraud to the Missouri Department of Health and Senior Services. If Fraud is suspected, Your CDS services will be suspended immediately... TIME SLIPS ARE DUE EVERY MONDAY BY 4 P.M. PLEASE YOU ONE COLOR INK. (BLACK)

Employee Signature: _____ Date: _____

Attendant Signature: _____ Date: _____

Please Circle One of the following: I Was In The Hospital? YES OR NO I WAS Not In The Hospital? YES OR NO

If Hospitalized Please Provide Dates: ____/____/____ to ____/____/____

Task Definitions:

Personal Care-May include: Dressing/Grooming; bathing/personal hygiene

Toileting-May Include: Ostomy Hygiene; Catheter Hygiene; Bowel/Bladder Routine; Assist with toileting

Health-May Include: May Include: Assistive transfer device/mobility; turning/position; passive ROM medications; treatments; clean/maintain equipment.

Housekeeping-May Include: Bathroom; Make Bed; change Linens; clean floors; tidy/dust; laundry; trash; read/write essential correspondence.

Meals-May Include: Meal Preparation; eating; wash dishes; clean kitchen.

Transportation-May Include: Shopping/essential errands

STOP!!!!

Did you:

- ✓ **Print your attendant's name at the top of the page.**
- ✓ **Write in the dates of Payroll cycle in the top right hand corner.**
- ✓ **Fill in the month of days of services.**
- ✓ **Circle AM/PM after each daily time.**
- ✓ **Record the total number of hours and minutes for each day.**
- ✓ **Sign the hospitalization section**
- ✓ **Fill in dates of hospitalization, if necessary.**
- ✓ **Did you and the employee sign the timesheet?**

DON'T!!!!!!

- ✓ Turn in an incomplete time sheet that is not signed. If it is not signed you cannot be paid.
- ✓ Turn in a dirty timesheet, timesheets are free and available at no charge
- ✓ Turn in a timesheet with errors, this will cause a slow in pay.
- ✓ Turn in a fraudulent time sheet, it will be reported to the Missouri Department of Health and Senior Services.
- ✓ You cannot fax your timesheet we need the original.

MAIL/DROP OFF TIMESHEETS
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