

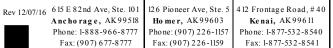
Alaska **Habilitative Timesheet**



For the week of service, timesheets are due the following Monday by midnight if faxed or dropped off, and postmarked by Monday if mailed. Due to the timing of the payroll cycle, late timesheets will result in late pay. Timesheets must be signed AFTER all work is completed. Advance timesheets will not be accepted.

Sunday that started your work week.

Employee Name (Please	Print)	Employee ID				Client Name (Please Print))	Client ID								
Service Codes	: (1) In-	Home	e Supp	ort: T	2017	U 4	(2)	Su	ppor	ted Livi	ng:	T20	17	(3)	Day	/ Hat	oilita	tion	: T20	21		_
Service Date (MM/DD) T	ime In				Tim	e Ou	t				Sei	rvice	;	Skill								_
		:[O AM O PM]:[O AM O PM	0	2 O	3 O	CM O	CL O	DL O	LR O	PL O	MM O	SC O	SD O	
2 / /		:[O AM O PM]:[O AM O PM	0	0	0	0	0	0	0	0	0	0	0	0
3 / [:		O AM O PM]:[O AM O PM	0	0	0	0	0	0	0	0	0	0	0	0
4 / [:		O AM O PM]:[O AM O PM	0	0	0	0	0	0	0	0	0	0	0	0
5 / [:[O AM O PM]:[O AM O PM	0	0	0	0	0	0	0	0	0	0	0	0
6 / [:		O AM O PM]:[O AM O PM	0	0	0	0	0	0	0	0	0	0	0	0
7 / [:		O AM O PM]:[O AM O PM	0	0	0	0	0	0	0	0	0	0	0	0
8 / [:[O AM O PM]:			O AM O PM	0	0	0	0	0	0	0	0	0	0	0	0
9 / [:		O AM O PM]:[O AM O PM	0	0	0	0	0	0	0	0	0	0	0	0
0 / [:		O AM O PM]:			O AM O PM	0	0	0	0	0	0	0	0	0	0	0	0
		:[O AM O PM]:[O AM O PM	0	0	0	0	0	0	0	0	0	0	0	0
2 / /		:		O AM O PM]:[O AM O PM	0	0	0	0	0	0	0	0	0	0	0	0
Skills Key CM = Communication (using verbal and non-verbal express ion, including communication devices) LR = Learning (acquiring information, problem solving, paying attention)																*	_	mental, pressins				
CL = Community Living (s accessing the community, particip		= Personal Living (understanding SD = Self-Direction ines, managing time/money, maintaining a living space) following rules, process														oo unda	aries,					
DL = Daily Living (ADLs-hyg IADLs-laundry, shopping, meal pre		•	ing, etc.				•			s (ambulat atrol, phys i		erc is e		SO = friends,					cting wi	th fam	ily,	
I certify that the hours and services were provided to the Employee Signature client by the employee as recorded. During these shifts,											D	ate (MM	/DD	/ YY))	_	_	_			
the employee reminded, observed, supported, and/or trained the client in the skill areas indicated. The client															/		/					
was not in a hospital, nursing home, or institution. False Client/Representative Signature information or misrepresentation constitutes Medicaid											Date (MM/DD/YY)											
fraud and may result in dismissal from the program and/or criminal prosecution.															/			'				







Timesheet Instructions

These items must be completed for your timesheet to be processed:

- **Employee Name**
- **Employee ID (first 7 digits)**
- **Client Name**
- Client ID (7 digits)
- **Employee Signature & Date**
 - Must be dated on or after the last day worked and filled in by the employee at the time of signing.
- **Client Signature & Date**
 - Must be dated on or after the last day worked and filled in by the client at the time of signing.

Each line of time must include:

- Service Date
- Time In
- Time Out
- Service
- Skill(s)

Make sure your timesheet is filled out completely and correctly, with all entries made neatly inside the boxes. Payment may be delayed if letters or numbers are not printed neatly inside the boxes WITHOUT touching any lines, or are not readable.

Please continue on a second timesheet if you run out of room on the first. Bold items on the list to the left must also be filled in on the second form.

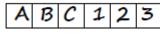
For best results use **BLACK** ink

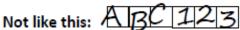
Shade circles completely, like this:





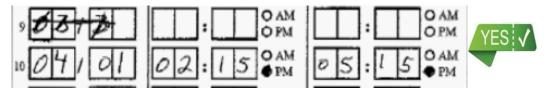
Fill boxes like this:





Making Corrections

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:

