

# Alaska Habilitative Timesheet

<b>Employee Name (Please Print)</b>	<b>Employee ID</b>	<b>Client Name (Please Print)</b>	<b>Client ID</b>	<b>Sunday that started your work week</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	MM / DD / YY

18108

<b>Service Codes: In-Home Support (IHS): T2017U4 Supported Living (SL): T2017 Day Habilitation (DH): T2021</b>				<b>H = Home</b>		<b>Location of Service</b>	
				<b>C = Community</b>			
<b>Service Date</b> Month (MM) Day (DD)	<b>Time In</b> Hour (HH) Min (MM)	<b>Time Out</b> Hour (HH) Min (MM)	<b>IHS SL DH</b>	<input type="radio"/> H <input type="radio"/> C			
<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> <input type="radio"/> <input type="radio"/>	If community, note location(s) (or, if DH shift, submit DH mileage log).			

<b>Objective Number</b>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<b>Skill Number</b>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
<b>Support Code / Number of Times Addressed</b>	/	/	/	/	/	/	/								

Case Notes: Discuss the service provided during the shift, as outlined in the *Habilitative Service Documentation Guide*. You may also mark down additional objectives (must include support codes/numbers of times addressed).

<b>Service Date</b> Month (MM) Day (DD)	<b>Time In</b> Hour (HH) Min (MM)	<b>Time Out</b> Hour (HH) Min (MM)	<b>IHS SL DH</b>	<input type="radio"/> H <input type="radio"/> C			
<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> <input type="radio"/> <input type="radio"/>	If community, note location(s) (or, if DH shift, submit DH mileage log).			

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<b>Support Code / Number of Times Addressed</b>	/	/	/	/	/	/	/								

Case Notes: Discuss the service provided during the shift, as outlined in the *Habilitative Service Documentation Guide*. You may also mark down additional objectives (must include support codes/numbers of times addressed).

- Mark the support and teaching strategies used during the shifts recorded above:**
- Administered     Encouraged     Instructed     Praised     Role Played
  - Coached     Explored     Participated     Pre-Taught     Used Adaptive Equipment
  - Coordinated     Followed Up     Practiced     Redirected     Used Visual Learning Aids

Attestation: I certify that the hours and services recorded on this timesheet were provided to the client by the employee; that the client was not in a hospital, nursing home, or institution when services were provided; and that original entries for each recorded shift, including associated entries on any related service documents, were completed within 72 hours of the date on which each shift ended. I understand that submitting false or misleading service documentation is considered Medicaid fraud and may result in dismissal, criminal prosecution, and/or other penalties.

**Employee Signature** \_\_\_\_\_

**Date (MM/DD/YY)**  /  /

**Client/Representative Signature** \_\_\_\_\_

**Date (MM/DD/YY)**  /  /