CARE NETWORK									Alaska CFC and PCS Timesheet											
For the week of service, timesheets are due the following Monday by 5:00pm if faxed or dropped off, and postmarked by Monday if mailed. Timesheets are due every week. 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.																				
comp	lete	d. A	Advan		sheets	will		e aco	cepted.						Please Print)	M Clien		DD	′	YY
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Service Codes: CFC = S5125 SE PCS = T1019 U3 Key: S = Su													upervision and cue	ing (a	vailab	le und	er CF	C only)		
Service Date Time In Month (MM) Day (DD) Hour (HH) Min						0.04	Time Out							Shift #		2	3	4		
	nth (мм) Day		Hour			. (MM] O AM		r (HH)		in (MM)	O AM	CFC		0	0	0	0
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2			/				:		O AM O PM			:		O AM O PM	Tasks Positioning	S				
	Ť				H			T			\square			O AM	PROM	0	0	0 0	0 0	0
3			/				:		O PM			:		O PM	Transfer	0	0	0	0	0
4	Τ		/				:					:		O AM	Locomote Single	0	0	0	0	0
			/ <u> </u>						O PM				tla nage	O PM	Locomote Multi	0	0	0	0	0
Case Notes				ervice(s					x that best : G = Go				-		Locomote Med	0	0	0	0	0
Shift#															Dressing	0	0	0	0	0
1		Ĵ	A	P											Eating	0	0	0	0	0
2	6	ŗ		Р											Toileting	0	0	0	0	0
<u> </u>		J	A	1		Hygier								Hygiene	0	0	0	0	0	
3	6	Ĵ	Α	P											Bathing	0	0	0	0	0
Ľ	Ľ	_	1			Light Meal							Light Meal	0	0	0	0	0		
4	6	5	Α	Р											Main Meal	0	0	0	0	0
													Housework	0	0	0	0	0		
FVV Codes: If you are using a client's fob to EVV Comments: If you are unable to electronically check in/out of a shift, you must press electronically check in/out of a shift, you must												Shopping	0	0	0	0	0			
the bu FVV o				nd mark	down tł	he eig	ht-digi		provide a <u>cl</u> not miss a (w. You s	hould	Laundry	0	0	0	0	0
Shift#	In														Wound Care	-	0	0	0	0
1	0.1				_										Oxygen Maint	-	0	0	0	0
	Out														Escort	-	0	0	0	0
	In														Medication	—	0	0	0	0
2	Out					Ì										e, improvement, or decline in the				
			+		_									client's health, safety, or welfare, including changes in physical or mental conditions.						
3	In					+ + + + - 1								□ No change occurred						
	Out														□ Change occurred (describe):					
4	In																			
	Out																			
I certify that the hours and services recorded on this timesheet were provided to the client by the employee; that Employee Signature Date (MM/DD/YY)																				
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 14 days																				
				nents, w each shi						Client	/Repr	esent	tative	Signatuı	re Da	te (MN	M/DD/	YY)		
submi	tting	fals	se or m	isleadin	g servi	ice do	cume	ntatic	on is		-				Г		1Γ] , [
				fraud and/or	-			ismis	sal,						L		′ L] ' L	
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Fax: 1-800-349-0649 ANCTimesheets@ consumerdirectcare.com						Fax: 1-800-349-2074 KenaiTimesheets@ consumerdirectcare.com			Fax: 1-800-349-2074 Fax: 1-800-349-0704 Fax: 1-90 KenaiTimesheets@ KTNTS@ KO					07-481-3071 DDTS@ directcare.com	349-0704 TS@					