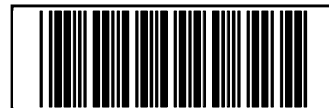


Alaska Chore and Respite Timesheet



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.

Sunday that started your work week

	/		/	
MM		DD		YY

Employee Name (Please Print)	Employee ID	Client Name (Please Print)	Client ID

Service Codes: Chore = S5120 SE Hourly Respite = S5150 Daily Respite = S5151

Service Date Month (MM) Day (DD)	Time In		Time Out		Service	Shift #	1	2	3	4	5	6	7
	Hour (HH)	Min (MM)	Hour (HH)	Min (MM)									
1					Chore		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Hourly Respite		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Daily Respite		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chore Tasks													
					Routine Cleaning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Heavy Household Chores		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Snow Removal		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Hauling Water		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Human Waste Disposal		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Firewood		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Meal Preparation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Shopping		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite Tasks													
					Companionship		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Personal Care		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Support/Supervision		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Case Notes	One note required per shift. Mark the box that best describes the client's response to the care or service(s) you provided. Key: G = Good A = Average P = Poor			
	G	A	P	
Shift# 1	G	A	P	Identify any change, improvement, or decline in the client's health, safety, or welfare, including changes in physical or mental conditions. <input type="checkbox"/> No change occurred <input type="checkbox"/> Change occurred (describe):
2	G	A	P	
3	G	A	P	
4	G	A	P	
5	G	A	P	
6	G	A	P	
7	G	A	P	

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 14 days 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)

