

Rev 12/13/2021

## 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.

Sunday that started your work week

| MM | DD | YY

Employee Name (Please Print) Employee ID Client Name (											(Ple		Clier		ענ		YY						
Service Codes: CFC = S5125 SE PCS = T1019 U3 Key: S = Supe														pervision and cu	eing (a	vailab	le und	er CF	C only)				
Service Date Time In											Time Out				T	Service	Shift #	1	2	3	4		
Mo	onth (MN	1) Day	(DD)	H	our (1	HH)	Mi	in (MI		AM		ur (Hl	H)	Min	(MM	O AM	ا ۱	CFC		0	0	0	0
1		/		Ш			:			) PM			:			O PM	'1	PCS		0	0	0	0
I⊨		i H	$\overline{\Box}$	ᄩ	$\overline{}$	一	H	$\pm$	=	) AM	┟늗	$\pm$	=	H	<del> </del>	O AM	⊢	Tasks	S			<u> </u>	
2		/		Ш			:			PM			:			O PM	- ⊢	Positioning	10	0	0	0	0
		i, 🗀		١Ē	Ť	Ti.	Ē	Ì	٦c	AM	厅	Ì	Ξ.			O AM	. [ 1	PROM	_	0	0	0	0
3		/ <u> </u>		١L			:		_  0	PM	∣╚		_:			O PM	1   -	Transfer	0	0	0	0	0
4		/		Ш			:			AM C			:			O AM		Locomote Single	0	0	0	0	0
<u></u> L		<u> '                                    </u>	<u>—</u>	<u>                                     </u>	<u> </u>			41 1		PM	<u> </u> _	7 /		1: 4	<u> </u>	O PM	<u>1</u>	Locomote Multi	0	0	0	0	0
Case One note required per shift. Mark the box that best describes the client's response to Notes the care or service(s) you provided. Key: G = Good A = Average P = Poor													]	Locomote Med	0	0	0	0	0				
Shift#											-8-		-	٦)	Dressing	0	0	0	0	0			
1	G	A	P														]	Eating	0	0	0	0	0
		١.		$\top$													7	Toileting	0	0	0	0	0
2	G	A	P														]	Hygiene	0	0	0	0	0
			Б	T													٦	Bathing	0	0	0	0	0
3	G	A	P														] ]	Light Meal	0	0	0	0	0
	G	_	P														I	Main Meal	0	0	0	0	0
4 G A P  FVV Codes: If you are using a client's fob to  EVV Comments: If you are unable to											_  ı	Housework	0	0	0	0	0						
								ess		Commonically						must	9	Shopping	0	0	0	0	0
the bu	electronically check in/out of a shift, you must press the button on the fob and mark down the eight-digit FVV code below. electronically check in/out of a shift provide a <u>clear</u> explanation below. <b>not miss a check in/out often.</b>									]	Laundry	0	0	0	0	0							
Shift#		Jw.							not in	iiss a c	песк	ın/out	one	11.			٦,	Wound Care	-	0	0	0	0
1	<u> </u>								-									Oxygen Maint	-	0	0	0	0
	Out																] ]	Escort	—	0	0	0	0
	In																	Medication		0	0	0	0
2	Out								1									Describe any change, improvement, or decline					
	Out								<del> </del>									the client's health, safety, or welfare, including any change in physical or mental condition:					
	In																1`	enange in physical	or mer	itai coi	ildition	.•	
3	Out																						
4	In																						
	Out								1														
Lerti		he hour	s and	servi	ices t	recor	ded i	on th	is														
I certify that the hours and services recorded on this timesheet were provided to the client by the employee; that <b>Employee Signature</b>														Da	te (MI	M/DD/	YY)						
the client was not in a hospital, nursing home, or institution															<i>,</i> Г		] / [						
when services were provided; and that original entries for each recorded shift, including associated entries on any														′ L		J'L							
relate	related service documents, were completed within 14 days  Client/Penrocentative Signature													ure	re Date (MM/DD/YY)								
of the date on which each shift ended. I understand that submitting false or misleading service documentation is												u1 C	, <u>5,</u>		, F	1	],[						
consi	considered Medicaid fraud and may result in dismissal,															/		] / [					
crimi	nal pros	ecution,	and/o	r oth	ner p	enalt	ies.			_										_			

TIMESHEET SUBMISSIONS

Fax: 1-800-349-0704 or Email: CDAKTS@consumerdirectcare.com



