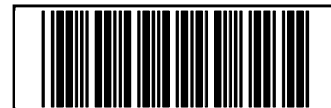


Alaska Chore and Respite Timesheet



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 | Time In | Time Out | Service | Shift # | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---------------------|--|--------------------|------------------------|--|---|---|---|---|---|---|---|
| Month (MM) Day (DD) | Hour (HH) Min (MM) | Hour (HH) Min (MM) | | | | | | | | | |
| 1 | | | Chore | | | | | | | | |
| 2 | | | Hourly Respite | | | | | | | | |
| 3 | | | Daily Respite | | | | | | | | |
| 4 | | | Chore Tasks | | | | | | | | |
| 5 | | | Routine Cleaning | | | | | | | | |
| 6 | | | Heavy Household Chores | | | | | | | | |
| 7 | | | Snow Removal | | | | | | | | |
| | | | Hauling Water | | | | | | | | |
| | | | Human Waste Disposal | | | | | | | | |
| | | | Firewood | | | | | | | | |
| | | | Meal Preparation | | | | | | | | |
| | | | Shopping | | | | | | | | |
| | | | Respite Tasks | | | | | | | | |
| | | | Companionship | | | | | | | | |
| | | | Personal Care | | | | | | | | |
| | | | Support/Supervision | | | | | | | | |
| 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 | | | | | | | | | | |
| Shift# | G | A | P | | | | | | | | |
| 1 | G | A | P | | | | | | | | |
| 2 | G | A | P | | | | | | | | |
| 3 | G | A | P | | | | | | | | |
| 4 | G | A | P | | | | | | | | |
| 5 | G | A | P | | | | | | | | |
| 6 | G | A | P | | | | | | | | |
| 7 | G | A | P | | | | | | | | |
| | | | | Describe any change, improvement, or decline in the client's health, safety, or welfare, including any change in physical or mental condition: | | | | | | | |

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.

Rev 12/13/2021

Employee Signature

Date (MM/DD/YY)

| | | |
|----|----|----|
| MM | DD | YY |
|----|----|----|

Client/Representative Signature

Date (MM/DD/YY)

| | | |
|----|----|----|
| MM | DD | YY |
|----|----|----|

TIMESHEET SUBMISSIONS

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

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