

Alaska Habilitative Timesheet

Employee Name (Please Print)	Employee ID	Client Name (Please Print)	Client ID	Sunday that started your work week
<div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div>MM</div> / <div></div> <div>DD</div> / <div></div> <div>YY</div>

18108



Service Codes: In-Home Support (IHS): T2017 U4 Supported Living (SL): T2017 Day Habilitation (DH): T2021										H = Home C = Community										Location of Service														
Service Date Month (MM) Day (DD)				Time In Hour (HH) Min (MM)				Time Out Hour (HH) Min (MM)				IHS SL DH			<input type="radio"/> H <input type="radio"/> C		If community, note location(s) (or, if DH shift, submit DH mileage log):																	
<div></div> <div></div> / <div></div> <div></div>				<div></div> <div></div> : <div></div> <div></div> <input type="radio"/> AM <input type="radio"/> PM				<div></div> <div></div> : <div></div> <div></div> <input type="radio"/> AM <input type="radio"/> PM				<input type="radio"/> <input type="radio"/> <input type="radio"/>			<input type="radio"/> <input type="radio"/>																			
Objective Number																Skill Number																		
Support Code / Number of Times Addressed																		Skill Number																

Case Notes: Describe the skill-building activities completed during the shift. You may also mark down additional objectives addressed, or add other comments as outlined in the *Habilitative Service Documentation Guide*.

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Objective Number																Skill Number																		
Support Code / Number of Times Addressed																		Skill Number																

Case Notes: Describe the skill-building activities completed during the shift. You may also mark down additional objectives addressed, or add other comments as outlined in the *Habilitative Service Documentation Guide*.

Mark the support and teaching strategies used during the shifts recorded above:										Employee Signature _____ Date (MM/DD/YY) <div></div> / <div></div> / <div></div>									
<input type="radio"/> Administered <input type="radio"/> Encouraged <input type="radio"/> Instructed <input type="radio"/> Praised <input type="radio"/> Role Played <input type="radio"/> Coached <input type="radio"/> Explored <input type="radio"/> Participated <input type="radio"/> Pre-Taught <input type="radio"/> Used Adaptive Equipment <input type="radio"/> Coordinated <input type="radio"/> Followed Up <input type="radio"/> Practiced <input type="radio"/> Redirected <input type="radio"/> 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 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.																			