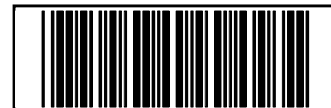


Alaska Private Pay Timesheet



For the week of service, timesheets are due the following Monday by 5:00 PM 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
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Employee Name (Please Print)	Employee ID	Client Name (Please Print)	Client ID
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SERVICE CODE KEY:

Primary Payer Service Codes:

Chore = CHORE

Personal Care = PCA

Respite = RESPITE

Secondary Payer Service Codes:

Chore = SECCHORE

Personal Care = SECPCA

Respite = SECRESPITE

Service Date Month (MM) Day (DD)	Time In Hour (HH) Min (MM)		Time Out Hour (HH) Min (MM)		Shift #	1	2	3	4	5	6
	Hour (HH)	Min (MM)	Hour (HH)	Min (MM)							
1											
2											
3											
4											
5											
6											

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				
2				
3				
4				
5				
6				

CHORE and SECCHORE Tasks											
Meal Prep											
Housework/Laundry											
Shopping											

PCA and SECPCA Tasks											
Meal Prep											
Housework/Laundry											
Shopping											
Positioning											
Transfer											
Locomotion											
Exercises											
Eating											
Dressing											
Toileting											
Hygiene											
Bathing											
Medication											

RESPITE and SECRESPITE Tasks											
Companionship											
Support/Supervision											
Personal Care											

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)

MM	DD	YY
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Client/Representative Signature

Date (MM/DD/YY)

MM	DD	YY
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