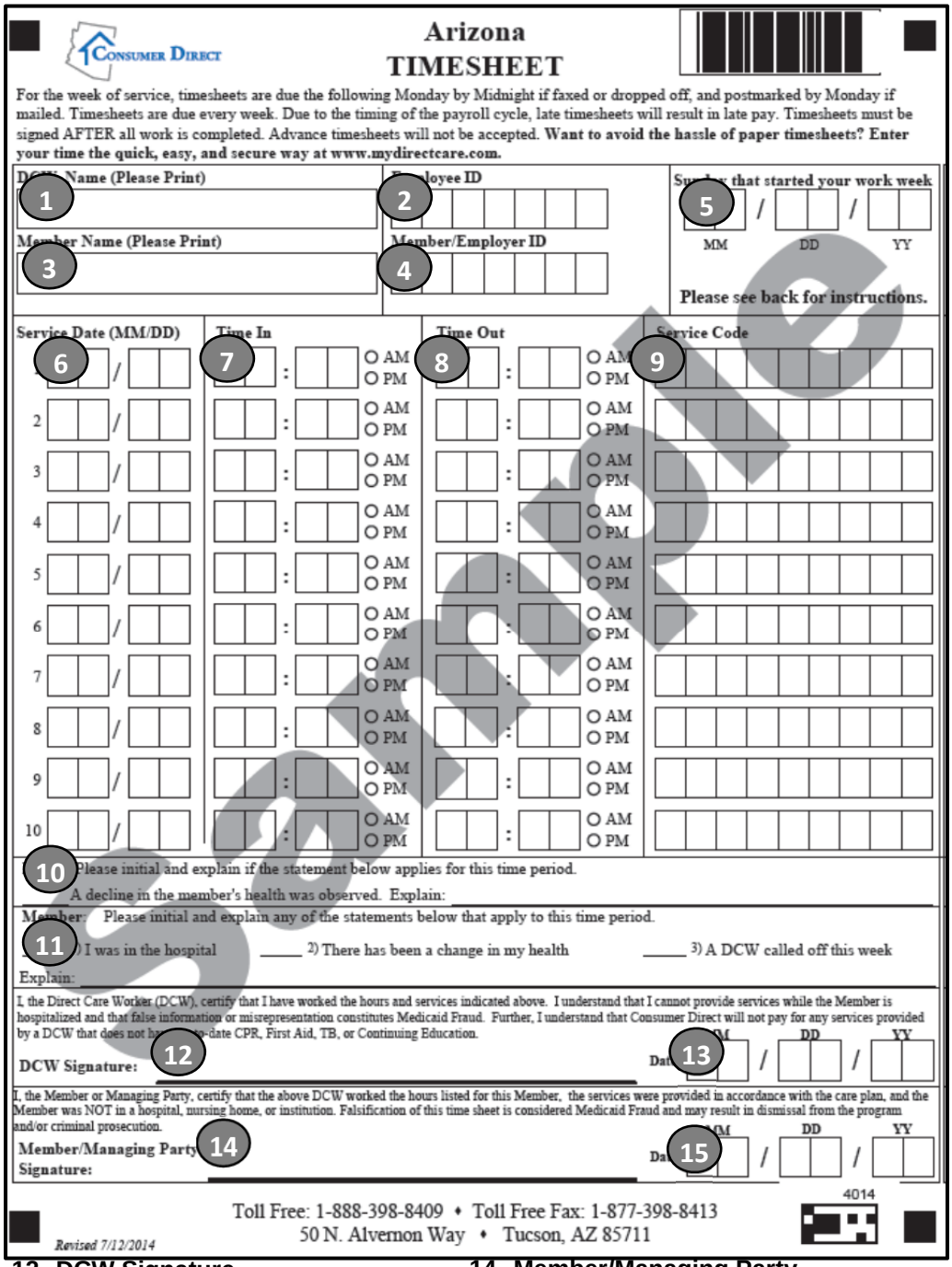
TIMESHEET INSTRUCTIONS

Make sure your timesheet is filled out completely and correctly by hand (no machine printing). All entries must be printed neatly inside the boxes, without touching any border (see examples below). AM/PM bubbles must be filled completely. If letters or numbers are not within the boxes, or are not readable, payment may be delayed. Each shift worked must include Service Date, Time In with AM/PM, Time Out with AM/PM, and Service Code.

Shade circles completely, like this: ● **Not like this:** ✓ ✗ ◐

Fill boxes like this: A B C 1 2 3 **Not like this:** A B C 1 2 3

1. **DCW Name**. Print DCW's name.
2. **Employee ID**. Seven digit employee ID number.
3. **Member Name**. Print Member's name.
4. **Member/Employer ID**. Seven digit Member ID number.
5. **Sunday that started your work week**. The date of the Sunday at the beginning of the work week, in MM/DD/YY format. For example, if the first day of the week you worked was Tuesday, 12/18/13, then this would be **12/16/13**.
6. **Service Date**. The date that services were provided, in MM/DD format.
7. **Time In**. The time your shift began, in **HH:MM** format. Choose **AM** or **PM** by filling in the correct circle.
8. **Time Out**. The time your shift ended, in **HH:MM** format. Choose **AM** or **PM** by filling in the correct circle.
9. **Service Code**. The code for the service you performed this shift. Start your code in the **FIRST** box. Leave any extra boxes empty if needed.
10. **Decline in Health.** DCW initials & explains if Member's health has declined.
11. Member statements. Member initials & explains if any of the statements apply (regarding hospitalizations, health changes, or DCW call offs)



Consumer Direct

Arizona
TIMESHEET

For the week of service, timesheets are due the following Monday by Midnight 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. **Want to avoid the hassle of paper timesheets? Enter your time the quick, easy, and secure way at www.mydirectcare.com.**

DCW Name (Please Print) 1 | Employee ID 2 | Sunday that started your work week 5 MM / DD / YY

Member Name (Please Print) 3 | Member/Employer ID 4 | Please see back for instructions.

Service Date (MM/DD) 6	Time In 7	Time Out 8	Service Code 9
1 /	: AM PM	: AM PM	
2 /	: AM PM	: AM PM	
3 /	: AM PM	: AM PM	
4 /	: AM PM	: AM PM	
5 /	: AM PM	: AM PM	
6 /	: AM PM	: AM PM	
7 /	: AM PM	: AM PM	
8 /	: AM PM	: AM PM	
9 /	: AM PM	: AM PM	
10 /	: AM PM	: AM PM	

10 Please initial and explain if the statement below applies for this time period.
A decline in the member's health was observed. Explain:

Member: Please initial and explain any of the statements below that apply to this time period.
11 1) I was in the hospital _____ 2) There has been a change in my health _____ 3) A DCW called off this week
Explain:

I, the Direct Care Worker (DCW), certify that I have worked the hours and services indicated above. I understand that I cannot provide services while the Member is hospitalized and that false information or misrepresentation constitutes Medicaid Fraud. Further, I understand that Consumer Direct will not pay for any services provided by a DCW that does not have up-to-date CPR, First Aid, TB, or Continuing Education.

DCW Signature: 12 Date 13 MM / DD / YY

I, the Member or Managing Party, certify that the above DCW worked the hours listed for this Member, the services were provided in accordance with the care plan, and the Member was NOT in a hospital, nursing home, or institution. Falsification of this time sheet is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution.

Member/Managing Party Signature: 14 Date 15 MM / DD / YY

Toll Free: 1-888-398-8409 • Toll Free Fax: 1-877-398-8413
50 N. Alvernon Way • Tucson, AZ 85711

4014

Revised 7/12/2014

Sample

12. **DCW Signature**
13. **DCW Signature Date.** In MM/DD/YY format. This must be on or after the last day worked
14. **Member/Managing Party Signature**
15. **Member Signature Date**. In MM/DD/YY format. This must be dated **on or after** the last day worked.

Revised 08/12/2014