

### Three Rivers Inc

504 Miller Dr., PO Box 408  
 Wamego, KS 66547-0408  
 Phone: 785-456-9915  
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Type of Program: PD, I/DD, TBI

Month/Year: \_\_\_\_\_

Client (Print) \_\_\_\_\_

Direct Service Worker (Print) \_\_\_\_\_

									Activity Codes	
									11	Bathing
Date	Activity Codes	In	Out	In	Out	In	Out	Total	12	Dressing
1st		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	13	Oral Hygiene (brushing teeth, flossing)
2nd		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	14	Hair Care (combing, styling)
3rd		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	15	Skin Care
4th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	16	Nail Care (cutting finger & toenails, filing)
5th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	17	Shaving
6th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	18	Prosthetic/Orthotic Assistance
7th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	19	Toileting
8th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	20	Transferring
9th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	21	Walking/Mobility
10th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	22	Wheelchair Maneuvering
11th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	23	Eating
12th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	24	Meal Planning/Prep./Clean-up
13th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	25	Shopping & Errands
14th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	26	Medication/Treatments
15th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	27	Transportation
<b>The above hours must be received by noon on the 19th.</b>						<b>Pay Period Total</b>			28	Use of Telephone
<b>Sign after work is completed for the pay period.</b>									29	Laundry (washing & drying, folding, putting away)
									30	Housekeeping
<b>Client Signature</b>						<b>Office Use Only</b>			31	Minor Sewing/Mending
<b>Date</b>						Payroll Date _____			32	Exercises/Range of Motion
My signature verifies that this information is correct. Submission of claims for time beyond what is allowed on my Plan of Care may be considered Medicaid Fraud.						Entered Date _____			33	Other Health Maintenance Acts
						OPOC _____			34	Assistance in the Community
My signature verifies that this information is correct. I understand that I am only authorized to work hours allowed by the approved Plan of Care. Submission of claims for time beyond what is allowed may be considered Medicaid Fraud.						PS _____			35	Non-physical support/supervision for helath/safety
						MO/Trans _____			36	Retainer Services
									37	DSW Training (I/DD Only)
									38	Money Management
									39	Teaching opportunities-therapeutic or academic
									40	Leisure and/or recreational activities

# Instructions for Completing Timesheet

(PD, I/DD, TBI)

Complete the client's name, your name, and pay period dates where indicated on the timesheet.

Pay periods are as follows: 1<sup>st</sup>–15<sup>th</sup> and 16<sup>th</sup> thru the end of the month. Workweeks run Sunday through Saturday.

Enter all duties provided the day worked using the "Activity Codes" at the right. For example, if you performed the duties of bathing, toileting and meal preparation, write 11, 19, and 24 in the "Activity Codes" column.

Enter the start time for each day worked in the "Start Time" and the end time for each day worked in the "End Time" columns. Circle AM or PM as appropriate.

Enter the total hours worked for each day in the "Total Hours" column.

At the end of the semi-monthly pay period, enter the total the number of hours worked in the "Pay Period Total" box.

You must sign and date the timesheet to verify the hours that you worked.

The client must also sign and date the timesheet to confirm that you worked the hours.

## **Frequently asked questions:**

***Can we sign the timesheet before we fill it in?*** No, absolutely not. Your signature verifies the hours listed were actually worked. This is for your safety and security.

***What happens if the timesheet isn't filled out correctly or doesn't have both signatures?*** Your timesheet may be returned to you for correction, which could delay payment.

***When should timesheets be turned in to Three Rivers?*** Timesheets for the first part of the month, 1<sup>st</sup> – 15<sup>th</sup>, must be received by Three Rivers by 12 Noon on the 19th of the month. Timesheets for the second part of the month, 16<sup>th</sup> thru the end of the month, must be received by Three Rivers by 12 Noon on the 4<sup>th</sup> of the following month.

***When does the DSW get paid?*** Paydays are the 10th and 25<sup>th</sup> of each month.

***How will the DSW receive their check?*** Three Rivers pays by Direct Deposit or Payroll Card.

## **General Employment Information:**

Overtime, more than 40 hours per week must be approved by Three Rivers, Inc. in advance.

Immediately notify the payroll department of changes to the client's routine, such as hospitalizations, vacations, etc., and indicate the client's absence on the timesheet. You cannot clock-in for any time while a client is not in their home.

Work-related incidents that result in, or may result in injury to you or the client, must be reported to Three Rivers within 24 hours of occurrence. You will be given information on procedures to follow for work related injuries.

Submit a copy of your new social security card documenting proof of any name change.

Three Rivers will comply with all garnishment or wage withholding orders as received by a court ordered authority. Three Rivers will deduct an administrative fee of \$5.00 per garnishment from each paycheck, not to exceed \$20 per month, in addition to the garnished amount.

## **Address and/or Phone Number Change for DSW: (print)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Effective Date: \_\_\_\_\_