Consumer (Print Name)		Three Rivers Inc.	<u>HC</u>	HOME Program Timsheet		
		 504 Miller Dr. PO Box 40 Wamego, KS 66547-040 Phone: (785) 456-8573 	Pay Period:			
Direct Service Work	er (Print Name)	Fax: (785) 456-9923	•			
					PORT ONLY	
Date	Duties Provided		nd Time Total Hou		End Time Units	
		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
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		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
•		Pay Period Total		<u> </u>	Pay Period Total	
ign after work is co	mpleted for the pay period.					
		Activity Co		Please Note: Nigh		
Consumer Signature My signature verifies that this information is correct.		 A - Bathing/Grooming Dressing B - Toileting C - Transfering/Mobility D - Meals E - Shopping/Transportation 		paid by the unit , h	paid by the unit , not by the	
				Office Use	Only	
					Office Use Only	
		F - Laundry/Housek		Payroll Date		
		_	· · I	Entered Date		

Personal Attendant Signature

My signature verifies that this information is correct. I understand that ${\it I}$

am only authorized to work hours allowed by the approved Plan of Care.

Date

Revised June 2021

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