

**HOME Program
Timesheet**

Three Rivers Inc.

504 Miller Dr. PO Box 408
Wamego, KS 66547-0408
Phone: (785) 456-8573
Fax: (785) 456-9923

Pay Period:

From: _____ / 1 / _____ To: _____ / 15 / _____
(mm/dd/yy) (mm/dd/yy)

Consumer (Print Name)

Personal Attendant (Print Name)

Date	Duties Provided	Start Time		End Time		Start Time		End Time		Total Hours
		AM	PM	AM	PM	AM	PM	AM	PM	
1st										
2nd										
3rd										
4th										
5th										
6th										
7th										
8th										
9th										
10th										
11th										
12th										
13th										
14th										
15th										
The above hours must be received before noon on the 17th		Pay Period Total								

NIGHT SUPPORT ONLY			
Date	Start Time	End Time	Units
1st	AM	AM	
2nd	AM	AM	
3rd	AM	AM	
4th	AM	AM	
5th	AM	AM	
6th	AM	AM	
7th	AM	AM	
8th	AM	AM	
9th	AM	AM	
10th	AM	AM	
11th	AM	AM	
12th	AM	AM	
13th	AM	AM	
14th	AM	AM	
15th	AM	AM	
Pay Period Total			

Sign after work is completed for the pay period.

Consumer Signature **Date**
My signature verifies that this information is correct.

Personal Attendant Signature **Date**
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.

- | Activity Codes |
|-------------------------------|
| A - Bathing/Grooming Dressing |
| B - Toileting |
| C - Transferring/Mobility |
| D - Meals |
| E - Shopping/Transportation |
| F - Laundry/Housekeeping |

Please Note: Night Support is paid by the **unit**, not by the **hour**. **One Night = One**

Office Use Only
Payroll Date _____
Entered Date _____
PS _____
NS _____