Three Rivers Inc.

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SR CARE ACT
Attendant Care Timesheet

Client *(Print Name)*

Direct Service Worker *(Print Name)*

From: / 16 / To: / 31 /

Attendant Care ☐ Homemaker ☐

Date	Duties Provided (See Legend)	Start Time	End Time	Start Time	End Time	Start Time	End Time	Total Hours	DSW Initials	Client Initials
16th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
17th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
18th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
19th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
20th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
21st		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
22nd		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
23rd		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
24th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
25th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
26th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
27th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
28th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
29th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
30th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
31st		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			

The above hours must be received before noon on the 2nd

Pay Period Total

Sign after work is completed for the pay period.

Client Signature **Date**

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 Fraud.

DSW 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. Submission of claims for time beyond what is allowed may be considered Fraud.

Duties Legend	
A	Bathing/Grooming
B	Dressing/Undressing
C	Toileting
D	Transfer
E	Walking/Mobility
F	Eating
G	Meal Preparation
H	Shopping
I	Money Management
J	Transportation (accompanying)
K	Laundry/Housekeeping
L	Management of Meds

Office Use Only

Payroll Date _____

Entered Date _____

OPOC _____

PS _____

MO/Trans

R 7/2013