

Three Rivers Inc.

VA Attendant Care Timesheet

504 Miller Dr., PO Box 408
Wamego, KS 66547-0408
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From: ____ / 16 / ____ To: ____ / 31 / ____
(mm/dd/yy) (mm/dd/yy)

Client (Print Name)

Direct Service Worker (Print Name)

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	AM	AM	AM	AM	AM			
		PM	PM	PM	PM	PM	PM			
17th		AM	AM	AM	AM	AM	AM			
		PM	PM	PM	PM	PM	PM			
18th		AM	AM	AM	AM	AM	AM			
		PM	PM	PM	PM	PM	PM			
19th		AM	AM	AM	AM	AM	AM			
		PM	PM	PM	PM	PM	PM			
20th		AM	AM	AM	AM	AM	AM			
		PM	PM	PM	PM	PM	PM			
21st		AM	AM	AM	AM	AM	AM			
		PM	PM	PM	PM	PM	PM			
22nd		AM	AM	AM	AM	AM	AM			
		PM	PM	PM	PM	PM	PM			
23rd		AM	AM	AM	AM	AM	AM			
		PM	PM	PM	PM	PM	PM			
24th		AM	AM	AM	AM	AM	AM			
		PM	PM	PM	PM	PM	PM			
25th		AM	AM	AM	AM	AM	AM			
		PM	PM	PM	PM	PM	PM			
26th		AM	AM	AM	AM	AM	AM			
		PM	PM	PM	PM	PM	PM			
27th		AM	AM	AM	AM	AM	AM			
		PM	PM	PM	PM	PM	PM			
28th		AM	AM	AM	AM	AM	AM			
		PM	PM	PM	PM	PM	PM			
29th		AM	AM	AM	AM	AM	AM			
		PM	PM	PM	PM	PM	PM			
30th		AM	AM	AM	AM	AM	AM			
		PM	PM	PM	PM	PM	PM			
31st		AM	AM	AM	AM	AM	AM			
		PM	PM	PM	PM	PM	PM			

The above hours must be received before noon on the 4th

Pay Period Total

Sign after work is completed for the pay period.

Client 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

DSW Signature **Date**

My signature verifies that the above information is true and correct. I understand that providing false information could result in charges of Medicaid 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 _____

Instructions for Completing Timesheet

(SCA, HOME, VA)

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

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

Enter all duties provided the day worked using the "Legend" at the right. For example, if you performed the duties of bathing, toileting and meal preparation, write A, C and G in the "Duties Provided" 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 each workday, you will initial in the "DSW Initials" column for the work completed.

At the end of each workday, Consumer is to initial in the "Client Initials" column that the work listed was completed.

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 consumer 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, 1st – 15th, must be received by Three Rivers by 12 Noon on the 19th of the month. Timesheets for the second part of the month, 16th thru the end of the month, must be received by Three Rivers by 12 Noon on the 4th of the following month.

When does the DSW get paid? Pay days are the 10th and 25th 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 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: _____