

Employer: _____ CDS Timesheet Attendant: _____

Payroll Period: ____/____/____ - ____/____/____ **Submission of falsified timesheet constitutes Medicaid fraud.**

	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI
Date	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Time In														
Time Out														
Time In														
Time Out														
Total														
Tasks	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI
P.C.														
Toileting														
Health														
H.K.														
Meals														
Trans.														
Total Hrs														

Was consumer hospitalized during this pay period? YES: _____ NO: _____

Personal Care (P.C.) : bath/shower, dressing/undressing, grooming/minor hygiene, etc
 Toileting: bowel/bladder routine, catheter care, assist to and from bathroom, assist with cleanup, etc
 Health: equipment maintenance, medications, turning in bed, ROM, treatments, etc
 Housekeeping (H.K.): dusting, laundry, mopping, vacuuming, general household work, cleaning bathrooms, house management, etc
 Meals: meal prep, meal consumption, and meal clean up. Transportation: essential errands, like groceries, medications, physician visits, food stamps, etc