Clear Form

CONSUMER DIRECT CARE NETWORK

Idaho TIME SHEET

Work weeks are Sundays through Saturdays. Time must be submitted by Monday at Midnight. Time sheets are due every two weeks. Late time or mistakes may result in late pay. Sign the time sheet AFTER all work is complete. Advance time sheets will not be accepted.

Want to avoid the hassle of paper time sheets? Enter your time the quick, easy, and secure way at www.directmycare.com today!

Sunday that started your work week

MM / DD / YY

Employee Name (Please Print) | **Employee ID** | **Participant Name (Please Print)** | **Participant ID**

	Service Date (MM / DD)	Time In (Hour (HH); Min - Round to nearest 15 min)	Time Out (Hour (HH); Min - Round to nearest 15 min)	Service Code
1	/	0 15 AM 30 45 PM	0 15 AM 30 45 PM	
2	/	0 15 AM 30 45 PM	0 15 AM 30 45 PM	
3	/	0 15 AM 30 45 PM	0 15 AM 30 45 PM	
4	/	0 15 AM 30 45 PM	0 15 AM 30 45 PM	
5	/	0 15 AM 30 45 PM	0 15 AM 30 45 PM	
6	/	0 15 AM 30 45 PM	0 15 AM 30 45 PM	
7	/	0 15 AM 30 45 PM	0 15 AM 30 45 PM	
8	/	0 15 AM 30 45 PM	0 15 AM 30 45 PM	
9	/	0 15 AM 30 45 PM	0 15 AM 30 45 PM	
10	/	0 15 AM 30 45 PM	0 15 AM 30 45 PM	
11	/	0 15 AM 30 45 PM	0 15 AM 30 45 PM	
12	/	0 15 AM 30 45 PM	0 15 AM 30 45 PM	
13	/	0 15 AM 30 45 PM	0 15 AM 30 45 PM	

* Rounding to the nearest 15 minutes is allowed by the Department of Labor.

Was the Participant in a hospital, emergency room, urgent care, nursing home, or any other institution or facility at **any time** during this week?

No **Yes** (please note dates here)

The hours and services indicated above were provided to the Participant by the Employee as recorded, in accordance with the Support and Spending Plan. The Participant was not in a hospital, facility, or incarcerated during this shift. I understand that falsifying this information is Medicaid Fraud and can result in program removal and/or criminal prosecution.

Employee Signature **Date (MM/DD/YY)**

Participant Signature **Date (MM/DD/YY)**

Please see back for instructions.

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Time sheet Instructions

These items must be completed for your time sheet to be processed:

- **Employee Name**
- **Employee ID**
- **Sunday that Started this Pay Period**
  - Example: if the first day worked was Tues. the 12th, this would be Sun. the 10th.
- **Participant Name**
- **Participant ID**
- **Employee Signature & Date**
  - Date must be on or after the last day worked.
- **Participant Signature & Date**
  - Date must be on or after the last day worked.

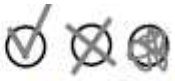
Each line of time must include:

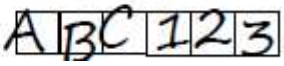
- Service Date (MM/DD format)
- Time In (including hour (HH) minutes (MM) rounded to the nearest 15, and am/pm)
- Time Out (including hour (HH) minutes (MM) rounded to the nearest 15, and am/pm)
- Service Code

Make sure your time sheet is complete and correct, with all entries made neatly inside the boxes. Payment may be delayed if numbers are not printed neatly inside the boxes WITHOUT touching any lines, or are not readable.

Please continue on a second time sheet if you run out of room on the first. Bold items on the list to the left must also be filled in on the second form.

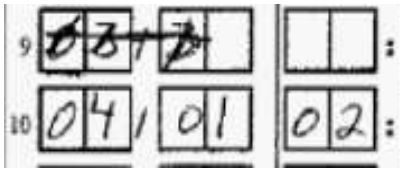
For best results use **BLACK** ink

Shade circles completely, like this: ● **Not like this:** 

Fill boxes like this: A B C 1 2 3 **Not like this:** 

Making Corrections

Cross out the incorrect line and rewrite the information on the next blank line like this:



YES ✓

Do not write over the top of incorrect information like this:

NO ✗

Service Codes			
Emotional Support Services	ESS	Relationahip Support Services	RSS
Emotional Support Serv 2	ES2	Relationship Support Serv 2	RS2
Emotional Support Serv 3	ES3	Relationship Support Serv 3	RS3
Job Support Services	JSS	Support Broker Services	SBS
Job Support Services 2	JS2	Support Broker Services 2	SB2
Job Support Services 3	JS3	Support Broker Services 3	SB3
Learning Support Services	LSS	Skilled Nursing Support	SNS
Learning Support Services 2	LS2	Skilled Nursing Support 2	SN2
Learning Support Services 3	LS3	Skilled Nursing Support 3	SN3
Personal Support Services	PSS	Transportation Support Services	TSS
Personal Support Services 2	PS2	Transportation Support Serv 2	TS2
Personal Support Services 3	PS3	Transportation Support Serv 3	TS3