

3:1, 2:1, and 1:1 CLS & Respite Timesheet

I understand as a condition of my employment, I must adhere to the scheduled hours allocated to the consumer for whom I provide care. In the event a budget is modified, ExpertCare Management Services is the only party that can authorize a change in your employee work schedule. Violation of this policy will result in disciplinary action up to and including termination. **Provider:** Please fill in **completely**. Keep a copy for yourself. The ExpertCare copy of the completed time card **must be received** in our office by 8:00am on Monday, **regardless of a holiday**. Failure to turn in your timesheet by the deadline will result in delay of pay until the next pay date.

Week Ending	Consumer (Please Print)			Provider (Please Print)			Macomb Case #	
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Week Totals
Date:								
3:1 CLS-Time In								
3:1 CLS-Time Out								
3:1 CLS Total								
3:1 Respite Time In								
3:1 Respite Time Out								
3:1 Respite Total								
2:1 CLS-Time In								
2:1 CLS-Time Out								
2:1 CLS Total								
2:1 Respite Time In								
2:1 Respite Time Out								
2:1 Respite Total								
1:1 CLS-Time In								
1:1 CLS-Time Out								
1:1 CLS Total								
1:1 Respite Time In								
1:1 Respite Time Out								
1:1 Respite Total								

Please indicate if hours worked are CLS or Respite by completing the box aligned with the service you performed. Specify 3:1, 2:1 or 1:1 care as applicable.

I attest, under the penalty of perjury, I have worked the hours declared above and they are true, correct and compliant with Federal and State Funds. Signatures are not to be copied from a previous timesheet and must be the original signatures. Consumers, by signing this timesheet you attest that all information is accurate. No whiteout or pre-signed timesheets will be accepted. Timesheets must reflect actual hours worked.

Caregiver Signature: _____ **Title:** _____ **Date:** _____

Last 4 digits of social security: _____

Authorized Consumer Signature: _____ **Date:** _____

Print Name of Authorized Signer: _____ **Relationship to Consumer:** _____

If the authorized signature is not that of guardian or if the consumer is his/her own guardian and someone else has Power of Attorney, the guardian or person with power of attorney must sign below:

I attest, under the penalty of perjury, that to the best of my knowledge, the hours on the timesheet are true, correct and compliant with Federal and State laws regulating use of funds.

Guardian or Power of Attorney: _____ **Date:** _____

IMPORTANT - A COMPLETED TIMESHEET INCLUDES BOTH THE TIMESHEET AND PROGRESS NOTES PAGES BOTH MUST BE FILLED OUT IN ENTIRETY WITH AN AUTHORIZED SIGNATURE! IT IS A REQUIREMENT THAT CLS AND RESPITE HOURS BE DOCUMENTED AGAINST THE GOALS IN THE PLAN OF SERVICE. ANY QUESTIONS PLEASE CALL (866) 812-8896.

