

# West Central Independent Living Solutions - Personal Care Attendant Timesheet

## LEGAL DOCUMENT/DO NOT USE PENCIL OR WHITEOUT

Consumer Name: \_\_\_\_\_

Attendant Name: \_\_\_\_\_

Payroll Period: \_\_\_\_\_ to \_\_\_\_\_

Case Manager: \_\_\_\_\_

County: \_\_\_\_\_

For WILS Office Use:

**Date Received:**

Scanned       Lexington

Mail Pouch       Sedalia

Faxed       Warsaw

**Date Sent:**

Week One	SAT	SUN	MON	TUE	WED	THU	FRI
<b>DATE:</b>							
<b>TIME IN (CIRCLE AM OR PM)</b>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
<b>TIME OUT (CIRCLE AM OR PM)</b>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
CONSUMER INITIALS							
ATTENDANT INITIALS							
<b>TIME IN (CIRCLE AM OR PM)</b>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
<b>TIME OUT (CIRCLE AM OR PM)</b>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
CONSUMER INITIALS							
ATTENDANT INITIALS							
<b>Daily Total Hours</b>							
<input checked="" type="checkbox"/> <b>box if hospitalized</b>	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hospital
Personal Care Task							
Toileting Task							
Health Task							
Housekeeping Task							
Transportation Task							
Meal Preparation Task							
<b>Mail timesheets to:</b> WILS Payroll Dept. PO Box 582 Warrensburg, MO 64093-0582 WILS Telephone: 660-422-7883 or 1-800-236-5175	<b>Consumer Signature / Attendant Signature</b>						

**Notice:** This timesheet is the record that supports the daily tasks performed by your attendant for the pay period. This timesheet must be accurate. If you purposely submit a false timesheet, you could be charged with Medicaid Fraud, be required to reimburse Medicaid, and be removed from the program. Both the attendant and consumer must sign the timesheet daily. Failure to complete timesheets on a daily basis is non-compliant with the CDS Program & Policies and could result in termination of services.

<b>Week Two</b> <b>DATE:</b>	SAT	SUN	MON	TUE	WED	THU	FRI						
	<b>TIME IN</b> (CIRCLE AM OR PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM					
<b>TIME OUT</b> (CIRCLE AM OR PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM						
CONSUMER INITIALS													
ATTENDANT INITIALS													
<b>TIME IN</b> (CIRCLE AM OR PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM						
<b>TIME OUT</b> (CIRCLE AM OR PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM						
CONSUMER INITIALS													
ATTENDANT INITIALS													
<b>Daily Total Hours</b>													
<input checked="" type="checkbox"/> box if Hospitalized	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hospital						
<b>Personal Care Task</b>													
<b>Toileting Task</b>													
<b>Health/Hygiene Task</b>													
<b>Housekeeping Task</b>													
<b>Transportation Task</b>													
<b>Meal Preparation Task</b>													
<b>Mail timesheets to:</b> WILS Payroll Dept. PO Box 582 Warrensburg, MO 64093-0582 WILS Telephone: 660-422-7883 or 1-800- 236-5175	<b>Consumer Signature / Attendant Signature</b>												

**Note:** This timesheet is for a two-week period, at the end of the period mail or deliver your original accurate timesheet to the WILS office by 5 PM on Tuesday to be paid on time. Faxed timesheets will not be paid.

\*\*\*Note unused hours, date, reason not used & who completed tasks: \_\_\_\_\_

**For WILS Payroll Use:**

Medicaid Billing	1st Check By:	2nd Check By:	Check # / Pay Type	Total Hours Paid