

HOME ASSIST HEALTH

3737 N. 7th Street Ste203
Phoenix, Arizona 85014
Tel:(602)795-7620

FAX Numbers

A-E 1-877-223-2976 | **F-L** 1-877-776-2252
M-R 1-877-598-1884 | **S-Z** 1-877-799-3289

***TIME SHEETS ARE DUE BI-WEEKLY AFTER FINAL SHIFT OR SATURDAY BY MIDNIGHT!**

Services Provided

Attendant Care Housekeeping Respite Private Pay Personal

PRINT
Direct Care Worker _____ Badge _____ ID# _____ Phone # _____

PRINT
Member's Name _____ Phone # _____

Week of ____ / ____ / ____ thru ____ / ____ / ____								Total
Sun	Mon	Tue	Wed	Thurs	Fri	Sat		
Write in the date =>								Total
Start Time								
End Time								
Total								
Check Duties Performed								
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition Meal Prep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping/Errands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Week of ____ / ____ / ____ thru ____ / ____ / ____								Total
Sun	Mon	Tue	Wed	Thurs	Fri	Sat		
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Nutrition Meal Prep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping/Errands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Direct Care Worker Signature: _____ Date: _____

Member Signature: _____ Date: _____

**Bi-Weekly
Total Hours:**

*** POWER OF ATTORNEY MAY SIGN, WITH PRIOR OFFICE AUTHORIZATION.**

I understand that this timesheet will be used to process claims that will be paid from federal and state funds, and that any willful falsification, or concealment of a material fact, may be prosecuted under federal and state laws. I certify that to the best of my knowledge the foregoing information is true, accurate and complete. Submission of illegible, incomplete, unauthorized, or late timesheets will be subject to disciplinary action, up to and including termination.

TIME SHEET INSTRUCTIONS

1. Please notify your Supervisor or the Supervisor on Duty **IMMEDIATELY** of any changes to your schedule.
2. **All Areas** on your time sheet need to be completed. Incomplete time sheets may result in counseling by your Supervisor, a **delay** in pay and/or receipt of your Direct Deposit.
3. You and your member's name should be clearly printed at the top. Once your final shift is complete, both you and your member will need to sign and date the timesheet.
4. You are required to submit your time sheet every pay period. **Late time** sheets may result in counseling by your Supervisor.
5. Any changes to timesheet will require **initials** in all places changed.

PP #	Pay Period Begins	Pay Period Ends Time Sheets Due	Pay Day
	Sunday	Saturday	
1	December 17, 2017	December 30, 2017	January 5, 2018
2	December 31, 2017	January 13, 2018	January 19, 2018
3	January 14, 2018	January 27, 2018	February 2, 2018
4	January 28, 2018	February 10, 2018	February 16, 2018
5	February 11, 2018	February 24, 2018	March 2, 2018
6	February 25, 2018	March 10, 2018	March 16, 2018
7	March 11, 2018	March 24, 2018	March 30, 2018
8	March 25, 2018	April 7, 2018	April 13, 2018
9	April 8, 2018	April 21, 2018	April 27, 2018
10	April 22, 2018	May 5, 2018	May 11, 2018
11	May 6, 2018	May 19, 2018	May 25, 2018
12	May 20, 2018	June 2, 2018	June 8, 2018
13	June 3, 2018	June 16, 2018	June 22, 2018
14	June 17, 2018	June 30, 2018	July 6, 2018
15	July 1, 2018	July 14, 2018	July 20, 2018
16	July 15, 2018	July 28, 2018	August 3, 2018
17	July 29, 2018	August 11, 2018	August 17, 2018
18	August 12, 2018	August 25, 2018	August 31, 2018
19	August 26, 2018	September 8, 2018	September 14, 2018
20	September 9, 2018	September 22, 2018	September 28, 2018
21	September 23, 2018	October 6, 2018	October 12, 2018
22	October 7, 2018	October 20, 2018	October 26, 2018
23	October 21, 2018	November 3, 2018	November 9, 2018
24	November 4, 2018	November 17, 2018	November 21, 2018
25	November 18, 2018	December 1, 2018	December 7, 2018
26	December 2, 2018	December 15, 2018	December 21, 2018

How To Send Your Time Sheet

1. **DO NOT MAIL IN YOUR TIME SHEET.**
2. **Fax** to A-E 877-223-2976 / F-L 877-776-2252 / M-R 877-598-1884 / S-Z 877-799-3289
3. You can **deliver** your time sheet in person to the Home Assist Health Office building at 3737 N. 7th Street, Suite 203, Phoenix, Arizona 85014. Office hours are 8:00am.to 4:30pm.
4. You can drop off in our **Time Sheets Drop Box** located behind our building during closed hours.
5. You can go to our website at HomeAssistHealth.org to print out additional blank timesheets. Go to the header "For Caregivers" and click on Forms for Caregivers.

If you have any questions regarding the above please call your Supervisor as soon as possible!
Time sheets are due bi-weekly after your final shift or Saturday by Midnight!!