

# HOME ASSIST HEALTH

3737 N. 7<sup>th</sup> 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 =>								
Start Time								
End Time								
<b>Total</b>								
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"/>	

  

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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 16, 2018	December 29, 2018	January 4, 2019
2	December 30, 2018	January 12, 2019	January 18, 2019
3	January 13, 2019	January 26, 2019	February 1, 2019
4	January 27, 2019	February 9, 2019	February 15, 2019
5	February 10, 2019	February 23, 2019	March 1, 2019
6	February 24, 2019	March 9, 2019	March 15, 2019
7	March 10, 2019	March 23, 2019	March 29, 2019
8	March 24, 2019	April 6, 2019	April 12, 2019
9	April 7, 2019	April 20, 2019	April 26, 2019
10	April 21, 2019	May 4, 2019	May 10, 2019
11	May 5, 2019	May 18, 2019	May 24, 2019
12	May 19, 2019	June 1, 2019	June 7, 2019
13	June 2, 2019	June 15, 2019	June 21, 2019
14	June 16, 2019	June 29, 2019	July 5, 2019
15	June 30, 2019	July 13, 2019	July 19, 2019
16	July 14, 2019	July 27, 2019	August 2, 2019
17	July 28, 2019	August 10, 2019	August 16, 2019
18	August 11, 2019	August 24, 2019	August 30, 2019
19	August 25, 2019	September 7, 2019	September 13, 2019
20	September 8, 2019	September 21, 2019	September 27, 2019
21	September 22, 2019	October 5, 2019	October 11, 2019
22	October 6, 2019	October 19, 2019	October 25, 2019
23	October 20, 2019	November 2, 2019	November 8, 2019
24	November 3, 2019	November 16, 2019	November 22, 2019
25	November 17, 2019	November 30, 2019	December 6, 2019
26	December 1, 2019	December 14, 2019	December 20, 2019

### 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. 7<sup>th</sup> 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](http://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!!**