



Consumer Choice Services, Inc.  
 1011 1st Street S, Ste #315, Hopkins, MN 55343  
 Phone: 952-935-3515 Fax: 952-935-7112  
 Email: mytime@accracare.org

Complete only if consumer was hospitalized:					
	Date	Time		Date	Time
Admit	1/11/2018	8PM	Discharge	1/13/2018	12PM
No hours can be claimed if Consumer is in the hospital, nursing home, incarcerated or out of home placement					

Consumer John Doe **DOB:** 1/5/1961 **MA#** 01234567 **Pay Period :** 1/7/2018 **Start Date** 1/7/2018 **thru** 1/20/2018 **End Date**

(Please Print)

**TIMESHEET**

Week One	Mo/Day Yr	Time In AM or PM	Time Out AM or PM	Time In AM or PM	Time Out AM or PM	Hours
Sun	1/7/2018					
Mon	1/8/2018	4PM	8PM			4
Tue	1/9/2018	4:15PM	8PM			3.75
Wed	1/10/2018	4:30PM	8PM			3.5
Thur	1/11/2018	4:45PM	8PM			3.25
Fri	1/12/2018	Hospital				
Sat	1/13/2018	Hospital				
No more than 40 hours per week for all consumers combined						
<b>TOTAL</b>						14.5

Week Two	Mo/Day Yr	Time In AM or PM	Time Out AM or PM	Time In AM or PM	Time Out AM or PM	Hours
Sun	1/14/2018					
Mon	1/15/2018					
Tue	1/16/2018	11PM	12AM			1
Wed	1/17/2018	12AM	7AM	6PM	12AM	13
Thur	1/18/2018	12AM	1:30AM			1.5
Fri	1/19/2018					
Sat	1/20/2018					
No more than 40 hours per week for all consumers combined						
<b>TOTAL</b>						15.5
<b>Pay Period Total</b>						30

**\*\*By signing this timesheet I am verifying the above recorded hours are true and accurate. It is a Federal Crime to provide false information for Medical Assistance payment.**

Mary Smith 1/20/2018 Mary Smith 100000 John Doe 1/20/2018  
**Employee Signature** **Date** **Employee Name (Printed)** **Emp ID (on PayStub)** **Consumer or Responsible Party Signature** **Date**

\*\*\* Timesheets are due in the office by noon Tuesday following the end of the pay period  
 \*\*\* Employees are only paid for time they are physically present and working with the consumer.

Employee Phone #: \_\_\_\_\_

Consumer or Responsible Party Phone #: \_\_\_\_\_