0513445114

California Timesheet

EMPLOYEE NAME

EMPLOYEE ID

CONSUMER NAME (LAST NAME, FIRST)

CLIENT ID

SERVICE DATE	CHECK IN TIME	CHECK OUT TIME	SERVICE
/ /	: AM PM	: AM PM	
/ /	: AM PM	: AM PM	
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The employee is a parent or a child under age 21 of the consumer. ○ True

The employee lives in the consumer's home. ○ True

I attest that these services were delivered and received consistent with the Individual Service plan. I understand that Medicaid is the payer of last resort.

Employee Signature Date Consumer/Representative Signature Date

Please fax WITHOUT COVERSHEET toll free to 1-888-715-9391 or mail to Acumen, 4542 East Inverness Ave. Suite 210 Mesa, Arizona 85206.

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