

Indiana Time Sheet

Consumer Directed Attendant Care

Make sure the time sheets are filled out completely and correctly with all entries made within the lines or inside the boxes. If the numbers are not within the boxes or are not readable, the time sheet will not be able to be processed and **will not be paid**.

Make sure the following are correct on the time sheet - if items are missing, the time sheet will be returned:

1. Employee Name (**LAST NAME, FIRST NAME**)
2. Employee ID (Identification Number)
3. Client Name (**LAST NAME, FIRST NAME**)
4. Client ID (Identification Number)
5. The Employee's signature
6. The Employer/Representative's signature
7. Dates by the signatures
8. Service Date - The date the employee worked
9. The time the employee began working (With AM or PM filled in)
10. The time the employee finished working (With AM or PM filled in)

NOTE:

An individual who is legally, medically, or financially responsible for the client in need of self-directed in-home care, including a parent of a minor individual or a spouse may not provide attendant care services for compensation under this program.

Time sheets can be faxed or sent in at any time during the pay period. See the payroll schedule for due dates.

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There may be times that the employee comes to work and begins to provide their normally scheduled service tasks but the client they are working for needs to go into the hospital, nursing home, hospice, etc. In these cases please enter the time the employee worked as normal, then on the next available line:

1. Enter the Service Date - The date the employee began working
2. Nothing in the Check-In Time
3. Nothing in the Check-Out Time
4. Enter **HOS** in the "Service" field

If you have questions on how to fill out this time sheet, as always, feel free to call toll free 1.866.240.5188 to reach a friendly, helpful Acumen customer support specialist. Every attempt will be made to return calls within 2 business days.