

# Area Office on Aging of Northwestern Ohio Self-Directed Care Program Time Sheet Instructions

Make sure the time sheet is filled out completely and correctly. If the letters or numbers 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. Care Provider (**FIRST NAME, LAST NAME**)
2. Care Provider Worker ID
3. Client/Participant Name (**FIRST NAME, LAST NAME**)
4. Client/Participant ID
5. Service Date – date the employee worked (**MM/DD/YYYY**)
6. The time the employee began working (including AM or PM)
7. The time the employee finished working (including AM or PM)  
(noon = 12PM, midnight = 12AM)
8. The Care Provider's signature
9. The Client/Employer's signature
10. Dates by the signatures

\*Refer to your Authorization for the services that are available to you.\*

Time sheets can be faxed or sent in at any time during the pay period. See the payment schedule for due dates. All payments are made according to the payment schedule and all payment requests must be sent to Acumen by the date in the "Submissions Due" column.

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If you have questions concerning how to fill out this time sheet please call Acumen at 1-866-862-6861.