

# Texas HCS Time Sheet (TX DADS Form 1745 Compliant)



\_\_\_\_\_  
EMPLOYEE NAME (LAST NAME, FIRST NAME)

--	--	--	--	--	--

EMPLOYEE ID

\_\_\_\_\_  
INDIVIDUAL NAME (LAST NAME, FIRST NAME)

--	--	--	--

INDIVIDUAL ID

By signing this form, I attest that services delivered and noted below are accurate and consistent with the Employee Work Schedule and Assigned Tasks (DADS - Form 1731). I also attest that services were not provided while the Individual was in a hospital, nursing home, or Medicaid funded facility. I understand that payment and satisfaction of this claim may be from Federal and/or State funds, and that I may be prosecuted under applicable Federal or State Laws for any false claims, statements, documents, or concealment of material fact. Any misuses of funds may result in being fined, penalized, including but not limited to the repayment of the claim. Collection costs or legal fees will be entirely my responsibility.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individual/Representative Signature

\_\_\_\_\_  
Date

SERVICE DATE (MM/DD/YY)	CHECK IN TIME	CHECK OUT TIME	SERVICE																				
<table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table>							<table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> <input type="radio"/> AM <input type="radio"/> PM					<table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> <input type="radio"/> AM <input type="radio"/> PM					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
*COMMENT <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																							
<table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table>							<table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> <input type="radio"/> AM <input type="radio"/> PM					<table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> <input type="radio"/> AM <input type="radio"/> PM					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
*COMMENT <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																							
<table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table>							<table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> <input type="radio"/> AM <input type="radio"/> PM					<table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> <input type="radio"/> AM <input type="radio"/> PM					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
*COMMENT <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																							
<table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table>							<table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> <input type="radio"/> AM <input type="radio"/> PM					<table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> <input type="radio"/> AM <input type="radio"/> PM					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
*COMMENT <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																							
<table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table>							<table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> <input type="radio"/> AM <input type="radio"/> PM					<table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> <input type="radio"/> AM <input type="radio"/> PM					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
*COMMENT <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																							
<table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table>							<table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> <input type="radio"/> AM <input type="radio"/> PM					<table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> <input type="radio"/> AM <input type="radio"/> PM					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
*COMMENT <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																							
<table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table>							<table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> <input type="radio"/> AM <input type="radio"/> PM					<table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> <input type="radio"/> AM <input type="radio"/> PM					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
*COMMENT <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																							



# Texas HCS Timesheet Instructions

Make sure all fields are filled out completely and correctly with all entries made within the lines or inside the boxes. If the letters or numbers are not within the boxes or are not readable, the timesheet will not be processed and **will not be paid**. Additionally, if the timesheet is not signed by the employee and the employer, it cannot be paid. You must resubmit the corrections before payment is made.

If any of the following fields are not completed, the entire timesheet will be rejected and you will be required to resubmit before any payments can be made. Please use each line, no skipping lines, **ONE SERVICE CODE PER LINE. ONLY FILL IN AS MANY BOXES AS ARE REQUIRED TO ENTER YOUR SERVICE CODE.**

1. Employee Name (**LAST NAME, FIRST NAME**)
2. Employee ID (4- or 5-digit Acumen assigned number)
3. Individual Name (**LAST NAME, FIRST NAME**)
4. Individual ID (4-digit Acumen assigned number)
5. The Individual or Representative's (Employer) signature and date
6. Service Date - date the employee worked in MM/DD/YYYY format
7. Check In Time, the employee began work (with AM or PM filled in)
8. Check Out Time, the employee finished work (with AM or PM filled in)  
(Noon = 12PM, Midnight = 12AM)
9. Comment - Brief description of what was done by the employee. There must be a comment for every time entry or the entire timesheet **WILL NOT** be paid. **DO NOT** send in a separate comment sheet.

## SERVICES AND CODES:

Service Description	Service Code to Enter on Timesheet
CFC PAS/HAB	CFCHCS
Transportation (LOC 1/LOC 8)	TR1 or TR8
Respite (LOC 1/LOC 8)	RESP1 or RESP8
Supported Employment	SEHCS
Employment Assistance	EAHCS
Cognitive Rehabilitation Therapy	CRTHCS
Registered Nurse	RNHCS
Specialized Registered Nurse	SRNHCS
Licensed Vocational Nurse	LVNHCS
Specialized Licensed Vocational Nurse	SLVNHCS

### \*\*\*NOTE: OVERLAPPING SERVICE TIMES WILL NOT BE PAID\*\*\*

If you are working for more than one Individual at a time, you must separate service entries out evenly across Individuals, and be sure that service times **DO NOT** overlap. There must be one timesheet per Individual receiving services.

If you are providing service to an Individual who is receiving services from another worker at the same time, you must separate services entries out evenly by **WORKER** and be sure that service times **DO NOT** overlap, if the codes are not permitted to be overlapping. (Ex: Two workers providing PASHAB to a single Individual at the same time may not submit overlapping hours. They will not be paid.)

Please refer to the pay schedule for timesheet due dates and corresponding pay dates. You must submit timesheets on or before the due to date for timely payment. If you have questions, as always, feel free to give us a call (866) 759-9524 to reach a friendly and helpful Acumen Customer Support Specialist.

5416 E. Baseline Rd., Suite 200  
Mesa, AZ 85206  
Phone: (866) 759-9524  
Fax: (855) 264-3287  
[customerservice@acumen2.net](mailto:customerservice@acumen2.net)