0406186678

Utah Aging Time Sheet

EMPLOYEE NAME (LAST NAME, FIRST NAME)

EMPLOYEE ID

PARTICIPANT NAME (LAST NAME, FIRST NAME)

PARTICIPANT ID

P C

Service Code

By signing this form, I attest that services were delivered and received consistent with the Comprehensive Care Plan. The Participant was NOT in a hospital, nursing home, or institution and I have rendered and/or approved this payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized, including but not limited to my repayment of claim.

Employee Signature Date

Employer Signature Date

SERVICE DATE MM/DD/YYYY	CHECK IN TIME	CHECK OUT TIME
/ /	: AM PM	: AM PM
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Return toll-free by faxing WITHOUT COVERSHEET to (888) 249-7023 or mailing to Acumen at: 4542 E. Inverness Ave., Suite 210, Mesa, AZ 85206

11/05/17