

# SERVICE DELIVERY RECORD

Beginning of Pay Period: \_\_\_\_\_

End of Pay Period: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE S.S.#: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

MEDICAID #: \_\_\_\_\_

TASK ASSIGNED:	<u>PCS</u>	<u>FC / PHC / CBA</u>
<input type="checkbox"/> Meal Prep	<input type="checkbox"/> Medication Assistance	<input type="checkbox"/> Bathing
<input type="checkbox"/> Telephone Use	<input type="checkbox"/> Escort to Medical Appt.	<input type="checkbox"/> Exercising
<input type="checkbox"/> Laundry	<input type="checkbox"/> Light Housework	<input type="checkbox"/> Grooming
<input type="checkbox"/> Grocery Shopping	<input type="checkbox"/> Bed Mobility	<input type="checkbox"/> Toileting
<input type="checkbox"/> Positioning	<input type="checkbox"/> Eating / Feeding	<input type="checkbox"/> Cleaning
<input type="checkbox"/> Transfers	<input type="checkbox"/> Locomotion Mobility Inside	<input type="checkbox"/> Meal Preparation
<input type="checkbox"/> Locomotion Mobility Outside	<input type="checkbox"/> Toilet Use	<input type="checkbox"/> Shopping
<input type="checkbox"/> Dressing	<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Asst. w/self Admin. Meds
<input type="checkbox"/> Bathing	<input type="checkbox"/> Other _____	<input type="checkbox"/> Supervision (Respite)
		<input type="checkbox"/> Other _____

Day	Time In	Time Out	Hours
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
<b>Total Hours Worked</b>			

**The employee and employer certify that the information provided above is complete and accurate and understand that submitting a false or fraudulent time sheet could result in a Medicaid fraud referral.**

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

To be used by CDSA

From \_\_\_\_\_ to \_\_\_\_\_

Total per month \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Total per month \_\_\_\_\_

**Grand Total** \_\_\_\_\_