

Telephone: (480) 558-3600 Fax: (480) 558-1806

**YOU MAY FAX COPIES TO:**  
**(480) 558-1806**

if you fax or email copies, mail originals



**ATTENDANT CARE TIME SHEET**

**MAIL ORIGINALS TO:**

**PO Box 1865  
Gilbert, AZ 85299-1865**

Employee Name: \_\_\_\_\_ Dates of Service \_\_\_\_\_

(Due by the 16th at 5:00pm for the first half of the month or by the 1st at 5:00pm for the last half of the previous month)

Client Name: \_\_\_\_\_ DDD Support Coordinator: \_\_\_\_\_

Date	Start Time	End Time	Total Units*	Parent/ Guardian Initials	Date	Start Time	End Time	Total Units*	Parent/ Guardian Initials
	am/pm	am/pm				am/pm	am/pm		
	am/pm	am/pm				am/pm	am/pm		
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	am/pm	am/pm				am/pm	am/pm		
	am/pm	am/pm				am/pm	am/pm		
	am/pm	am/pm				am/pm	am/pm		
<b>Total Units Billed</b>					<b>Total Units Billed</b>				

\*Total Units Billed: (1) Unit = 60 minutes. Units are billed in 1/4 hour and written as 15 min.=.25 30 min.=.50 45 min.=.75 60 min.=1.0

By signing this time sheet, both employee and parent/guardian certify that the time entries are true and accurate accounts of the Attendant Care services provided. This also certifies that Attendant Care hours did not exceed 10 hours in a single day. It is also certified that NO MEDICATIONS or TRANSPORTATION were provided without prior approval from Affinity Family Care. It is certified that the employee has reviewed the Pre-Service orientation for this client and that a true and accurate record of daily progress towards goals is maintained at the client's home (service site). In the event that the number of Attendant Care hours billed exceeds that allocated by DDD, parent/guardian certifies that they are financially responsible to Affinity Family Care for those hours. Time sheet will NOT be accepted without both signatures. Please use black or blue ink ONLY. If time sheet is faxed, original must still be submitted to Affinity Family Care. Monthly Attendant Care Service Documentation Report must accompany time sheet due on the first of the month or time sheet will not be accepted. AFFINITY FAMILY CARE reserves the right to hold paychecks until DDD reimbursement for any time sheets turned in late and/or requiring corrections. Any false billing on time sheets is considered Medicaid Fraud and is a punishable crime.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_