

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

YOU MAY FAX COPIES TO:
(480) 558-1806
 if you fax copies, mail originals

AFFINITY
 Family Care
 You're Never Alone with Affinity
RESPIRE 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 |
|---------------------------|------------|----------|--------------|---------------------------------|--|---------------------------|------------|----------|--------------|---------------------------------|
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| | am/pm | am/pm | | | | | am/pm | am/pm | | |
| Total Units Billed | | | | | | Total Units Billed | | | | |

*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 employe and parent/guardian certify that the time entries are true and accurate accounts of the Respite services provided. This also certifies that respite hours did not exceed 11.75 hours (continuous or non-continuous) in a 24 hour period. It is also certified that NO MEDICATIONS or TRANSPORTATION were provided without prior approval from Affinity Family Care. In the event that the number of Respite 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 within 5 days of payroll. 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: _____