



Blank Timesheet

United Cerebral Palsy of Southern Arizona
 635 North Craycroft Road
 Tucson, AZ 85711
 Phone: 520-795-3108
 Fax: 520-795-3196
 Email: staff@ucpsa.org

Staff Name: _____ Client Name: _____

Week of: _____ to _____
 Saturday Friday

Page # _____

SERVICE CODES:

ANC – Attendant Care
 HAH – Habilitation Hourly / ABA
 HAI – Habilitation Independent Living
 PCP – Personal Care - PHS
 RSP – Respite
 TRN – Training / Orientation / Shift cancelled by consumer

POLICY REMINDERS:

- ◆ Submit timesheets every Sunday by 11:59pm
- ◆ Complete your timesheet fully and correctly, otherwise it will be returned to you
- ◆ Use one timesheet per consumer
- ◆ Use one timesheet per week
- ◆ Use blue or black ink only
- ◆ You are to obtain a client signature every day that you work a shift with a client.

Day	Date	Service Code	Location	Start Time		End Time		Client Signature
					AM <input type="checkbox"/> PM <input type="checkbox"/>		AM <input type="checkbox"/> PM <input type="checkbox"/>	
					AM <input type="checkbox"/> PM <input type="checkbox"/>		AM <input type="checkbox"/> PM <input type="checkbox"/>	
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I certify that the hours listed for this consumer are accurate and that services were provided in accordance with the consumer care plan. I understand that falsification of this timesheet is considered Medicaid fraud and may result in dismissal from UCPSA as well as criminal prosecution.

Employee Signature _____

Date _____