HELPING RESTORE ABILITY — CONSUMER DIRECTED SERVICES

Client *Attendant*

Period	-
Due	By Noon
Payable	

Submit timesheet via regular mail, leave in drop box outside office, or send via **FAX** (817) 275-2163 or **EMAIL** cdstimesheets@hratexas.org

WEEK 1								
Variable		Hours	Hours	Hours	Hours	Hours	Hours	Hours
Weekly Authorization	in	A P	A P	A P	A P	A P	A P	A P
•Attendants **may not** work in excess of authorized hours	out	A P	A P	A P	A P	A P	A P	A P
	in	A P	A P	A P	A P	A P	A P	A P
	out	A P	A P	A P	A P	A P	A P	A P
	in	A P	A P	A P	A P	A P	A P	A P
	out	A P	A P	A P	A P	A P	A P	A P
	in	A P	A P	A P	A P	A P	A P	A P
	out	A P	A P	A P	A P	A P	A P	A P

By signing below, the client (or authorized representative) and staff member providing services acknowledge that the hours reported above are accurate (unless noted) and all tasks performed were authorized. Both parties acknowledge understanding that falsifying information is subject to prosecution.

*Client / Authorized Representative Signature **REQUIRED*** *Date* *Attendant Signature **REQUIRED*** *Date*

WEEK 2								
Variable		Hours	Hours	Hours	Hours	Hours	Hours	Hours
•Black ink only •Write time in/out per shift, per scheduled day •To fix errors: Mark through error, client & staff **must** initial, write correction	in	A P	A P	A P	A P	A P	A P	A P
	out	A P	A P	A P	A P	A P	A P	A P
	in	A P	A P	A P	A P	A P	A P	A P
	out	A P	A P	A P	A P	A P	A P	A P
	in	A P	A P	A P	A P	A P	A P	A P
	out	A P	A P	A P	A P	A P	A P	A P
	in	A P	A P	A P	A P	A P	A P	A P
	out	A P	A P	A P	A P	A P	A P	A P

By signing below, the client (or authorized representative) and staff member providing services acknowledge that the hours reported above are accurate (unless noted) and all tasks performed were authorized. Both parties acknowledge understanding that falsifying information is subject to prosecution.

*Client / Authorized Representative Signature **REQUIRED*** *Date* *Attendant Signature **REQUIRED*** *Date*

Notes, Changes ,Corrections
Check box on left as applicable, use larger space below for notes (notes, dates, etc.)
☐ Attendant has new address (see below)
☐ Attendant has new phone number (see below)
☐ Client's health has changed significantly.
☐ Client has been hospitalized per dates below.
☐ Attendant disputes hours recorded.
☐ Client disputes hours recorded.
☐ An error in recorded time is corrected below.
Notes:

Indicate tasks performed each scheduled day. Shopping limited to one trip each for prescriptions and/or groceries per week. Escort varies per client requirements.

Authorized Task	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa
Standard Precaution / Safety Check														
Bathing														
Dressing														
Exercise														
Routine Hair/Skin Care														
Toileting														
Transfers/ Ambulation														
Walking														
Meal Preparation														
Light House Cleaning														
Laundry														
Shopping														