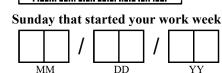


Wisconsin TIME SHEET



Work weeks are Sundays through Saturdays. Time must be submitted in PDF form by Monday at Midnight. Time sheets are due every week. Late time or mistakes may result in late pay. Sign the time sheet AFTER all work is complete. Advance time sheets will not be accepted.

Want to avoid the hassle of paper time sheets? Enter your time the quick, easy, and secure way at http://consumerdirectwi.com and clicking on "My Direct Care"!



Employee Name (Please	Print) Employee ID	Member Name (Please l	Print) Member ID
Service Date	Time In	Time Out	Service Code
MM DD	Hour Min - Round to (HH) nearest 15 min	Hour Min - Round to (HH) nearest 15 min	
1 /	0 0 0 15 0 AM 0 30 0 45 0 PM	0 0 0 15 0 AM 0 30 0 45 0 PM	
2 /	0 0 0 15 0 AM 0 30 0 45 0 PM	O 0 O 15 O AM O 30 O 45 O PM	
3 /	0 0 0 15 0 AM 0 30 0 45 0 PM	0 0 0 15 0 AM 0 30 0 45 0 PM	
4 /	0 0 0 15 0 AM 0 30 0 45 0 PM	0 0 0 15 0 AM 0 30 0 45 0 PM	
5 /	0 0 0 15 0 AM 0 30 0 45 0 PM	0 0 0 15 0 AM 0 30 0 45 0 PM	
6 /	0 0 0 15 0 AM 0 30 0 45 0 PM	0 0 0 15 0 AM 0 30 0 45 0 PM	
7 /	0 0 0 15 0 AM 0 30 0 45 0 PM	0 0 0 15 0 AM 0 30 0 45 0 PM	
8 /	0 0 0 15 0 AM 0 30 0 45 0 PM	0 0 0 15 0 AM 0 30 0 45 0 PM	
9 /	0 0 0 15 0 AM 0 30 0 45 0 PM	0 0 0 15 0 AM 0 30 0 45 0 PM	
10 /	0 0 0 15 0 AM 0 30 0 45 0 PM	0 0 0 15 0 AM 0 30 0 45 0 PM	
11 /	O 0 O 15 O AM O 30 O 45 O PM	O 0 O 15 O AM O 30 O 45 O PM	
12 /	0 0 0 15 0 AM 0 30 0 45 0 PM	O 0 O 15 O AM O 30 O 45 O PM	
13 /	0 0 0 15 0 AM 0 30 0 45 0 PM	O 0 O 15 O AM O 30 O 45 O PM	
	* Rounding to the nearest 15 minutes is	allowed by the Department of Labor.	

Was the Member in a hospital, emergency room, urgent care, nursing home, or any other institution or facility at any time during this week?

Yes (please note dates and call office for further instructions)

No

The hours and services indicated above were	Employee Signature	Date (MM/DD/YY)	
provided to the Member by the Employee as recorded, in accordance with the care plan. The Member was not in a hospital, facility, or			
incarcerated during this shift. I understand that	Member Signature	Date (MM/DD/YY)	
falsifying this information is Medicaid Fraud and can result in program removal and/or criminal prosecution.			
•	il or Drop Off: 744 Ryan Dr, Ste. 201, Hudson, WI 54016 Email: CDWITimesheets@consumerdirectcare.com Fax: 1-877-785-9992 Phone: 1-877-785-9991	36783	