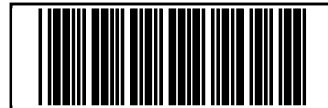


Wisconsin TIMESHEET



For the week of service, timesheets are due the following Monday by Midnight if faxed or dropped off, and postmarked by Monday if mailed. **Timesheets are due every week.** Due to the timing of the payroll cycle, late timesheets will result in late pay. Timesheets must be signed **AFTER** all work is completed. Advance timesheets will not be accepted. **Want to avoid the hassle of paper timesheets? Enter your time the quick, easy, and secure way by visiting us at <http://consumerdirectwi.com> and clicking on "My Direct Care"!**

Employee Name (Please Print) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Employee ID <div style="border: 1px solid black; display: flex; justify-content: space-around; width: 100%; height: 20px;"> </div>	Sunday that started your work week <div style="border: 1px solid black; display: flex; justify-content: space-around; width: 100%; height: 20px;"> / / </div> <p style="text-align: center; font-size: small;">MM DD YY</p>
Member Name (Please Print) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Member/Employer ID <div style="border: 1px solid black; display: flex; justify-content: space-around; width: 100%; height: 20px;"> </div>	Please use only BLACK ink.

Service Date (MM/DD)	Time In	Time Out	Service Code
1	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
2	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
3	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
4	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
5	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
6	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
7	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
8	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
9	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
10	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
11	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
12	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
13	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

I, the Employee, certify that I have worked the hours and services indicated above and that the Member was not in a hospital, nursing home, or institution. False information or misrepresentation constitutes Medicaid Fraud.

Employee Signature: _____ **Date:**

/ /

I, the Member or Managing Party, certify that the above employee worked the hours listed for this Member, the services were provided in accordance with the care plan, and the Member was NOT in a hospital, nursing home, or institution. Falsification of this time sheet is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution.

Member/Managing Party Signature: _____ **Date:**

/ /

