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

YOU MAY FAX COPIES TO: (480) 558-1806

Parent/Guardian Signature:

if you fax or email copies, mail originals



MAIL ORIGINALS TO: PO Box 1865 Gilbert, AZ 85299-1865

Date Start Time End Time IDUAL Guardian Initials Guardian Initials am/pm	••	you ran or ciriaii copies,	•	ALI	EINDAIN	I CARE III				
Ctlent Name: Date Start Time End Time Total Units* Parent/ Guardian Initials am/pm am/	Employee 1	Name:		(D.:	- h., the 4/th e	_		et at E-00am for the last half	of the number	davia maneth)
Date Start Time End Time Total Units* Parent/Guardian Initials am/pm am	Client Nam	no*		(Du					or the prev	ious montn)
Date Start Time End Time IDUST Guardian Initials am/pm						Support Coc				
am/pm	Date	Start Time	End Time	Total Units*	Guardian	Date	Start Time	End Time	Total Units*	Parent/ Guardian Initials
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am/pm		am/pm	am/pm				am/pm	am/pm		
am/pm		am/pm	am/pm				am/pm	am/pm		
*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 employee and parent/guardian certify that the time entries are true and accurate accounts of the Attendant Care services provided. This also certifies that Attendant Ca hours did not exceed 10 hours in a single day. It is also certified that NO MEDICATIONS or TRANSPORTATION were provided without prior approval from Affinity Family Care. It is certified that the emplo has reviewed the Pre-Service orientation for this client and that a true and accurate record of daily progress towards goals is maintained at the client's home (service site). In the event that the number Attendant Care 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 with both signatures. Please use black or blue ink ONLY. If time sheet is faxed, original must still be submitted to Affinity Family Care. Monthly Attendant Care Service Documentation Report must accompanitime sheet due on the first of the month or time sheet will not be accepted. AFFINITY FAMILY CARE reserves the right to hold paychecks until DDD reimbursement for any time sheets turned in late and/requiring corrections. Any false billing on time sheets is considered Medicaid Fraud and is a punishable crime.		am/pm	am/pm				am/pm	am/pm		
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Employee Signature: Date:	Employee Signature:					Date:				

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