



DAILY SUPPORT SERVICES TIMESHEET

8400 Bustleton Avenue, STE 303, PHILADELPHIA, PA 19152 | P: (800) 383-2452 | F: (800) 383-2452 | E: tsheets@dailysupportservices.com

EIN/PROVIDER#: _____

Client Name: _____

Medicaid#: _____

Direct Care Worker Name: _____

Last 4 digits of SSN: _____

Service Location: _____

DIRECTION: CHECK THE PLAN OF CARE FOR THE DUTIES ASSIGNED. Check each duty that is completed. Indicate "R" if the client refuses an assigned activity. Indicate "H" for hospitalization. Client changes, including hospitalizations, should be called in to the Case Manager, **IMMEDIATELY** at (800) 383-2452. Timesheets are due by **FRIDAY at 3:00 PM**. You will **NOT** be paid without your timesheet. Scribbles, cross-outs, altered dates, white outs are **PROHIBITED** on timesheets. If any mistakes, you must re-do the timesheet.

PLAN OF CARE - DUTIES	Thu	Fri	Sat	Sun	Mon	Tue	Wed
BATHING-SHOWER/TUB/BED							
HYGIENE							
HAIR CARE-SHAMPOO/COMB							
GROOMING-SHAVE/NAILS							
DRESSING-UPPER/LOWER							
SKIN CARE							
FOOT CARE							
CATHETER CARE							
LIGHT HOUSEKEEPING							
LAUNDRY							
SHOPPING AND ERRANDS							
ACCOMPANY TO MEDICAL APPTS.							
MEAL PREP							
PREPARE BREAKFAST							
PREPARE LUNCH							
PREPARE DINNER							
PREPARE SNACK							
EATING							
LOCOMOTION							
TRANSFERRING							
TOILET USE-BED PAN/DIAPER							
BED MOBILITY							
MEDICATION REMINDER							
MANAGING FINANCES							
BLADDER INCONTINENCE							
BOWEL INCONTINENCE							
READING/WRITING							
AMBULATING							
ASSIST WITH WALKING							
COMMENTS:							

THURSDAY			
DATE	TIME IN	TIME OUT	HOURS
CLIENT SIGN: _____			
FRIDAY			
DATE	TIME IN	TIME OUT	HOURS
CLIENT SIGN: _____			
SATURDAY			
DATE	TIME IN	TIME OUT	HOURS
CLIENT SIGN: _____			
SUNDAY			
DATE	TIME IN	TIME OUT	HOURS
CLIENT SIGN: _____			
MONDAY			
DATE	TIME IN	TIME OUT	HOURS
CLIENT SIGN: _____			
TUESDAY			
DATE	TIME IN	TIME OUT	HOURS
CLIENT SIGN: _____			
WEDNESDAY			
DATE	TIME IN	TIME OUT	HOURS
CLIENT SIGN: _____			

I, the undersigned Direct Care Worker, attest that Personal Assistance Services, as described above, to the Client listed on the timesheet above, and that the hours are true and correct.

Direct Care Worker Signature

Date

Agency Signature & Position

Date