



**S&A UNIFIED HOME CARE, INC.**  
2729 CONEY ISLAND AVENUE, BROOKLYN, NY 11235

## CDPAP (PA) TIMESHEET

**Please send your time-sheet by:  
EMAIL: t-sheets@saunified.com or FAX: 718-873-9311**

PERSONAL ASSISTANT'S NAME (Last, First) PRINTED:		PATIENT'S NAME (Last, First) PRINTED:
COORDINATOR:	YEAR: 202__	PATIENT'S ADDRESS:

DATE: ___/___/___ <small>MONTH DAY YEAR</small>	TIME IN: _____ AM PM	TIME OUT: _____ AM PM	TOTAL HOURS <input type="text"/>
(OPTIONAL: SHIFT 2)	TIME IN: _____ AM PM	TIME OUT: _____ AM PM	TOTAL HOURS <input type="text"/>

**REASON FOR TIMESHEET (must be marked)**

<input type="checkbox"/> Called In or Out of the EVV system early or late	<input type="checkbox"/> Consumer received services outside of the home
<input type="checkbox"/> Unable to connect to internet or EVV system is down	<input type="checkbox"/> Sabbath Observant
<input type="checkbox"/> Clocked In/Out using wrong Time pin ID	<input type="checkbox"/> FOB device malfunctioned/GPS address did not link
<input type="checkbox"/> Phone in use by consumer or individual in consumer home	<input type="checkbox"/> Consumer's phone line not working

**By signing this form, I am certifying that I worked on these documented dates and hours:**

Personal Assistant's Signature		Date	
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**I certify that the time recorded on this form accurately shows the days and number of hours worked by indicated personal assistant. The assigned tasks were completed in accordance with my current plan of care:**

Patient's Signature:		Date	
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**Please mention if any changes to the Patient' health conditions occurred during this service week:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: USE BLACK INK ONLY.**  
TIMESHEETS MUST BE SUBMITTED **LATEST ON MONDAY** at 12PM.  
**ORIGINAL** TIMESHEETS MUST BE MAILED TO THE OFFICE.  
TIMESHEETS MUST BE SIGNED & DATED BY CONSUMER AND PA.  
TIMESHEETS MAY NOT HAVE ANY WHITE-OUT ON IT. DO NOT WHITE OUT PREVIOUSLY DATED TIMESHEETS.