



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:	

DAY of WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	202__
DATE of SERVICES (mm/dd)								WEEKLY TOTAL HOURS
TIME IN (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
TIME OUT (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
DAILY TOTAL HOURS								

REASON FOR TIMESHEET (must be marked)

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