

**HELPING HANDS OF FLAGLER COUNTY LLC.**

**TIME SHEET VERIFICATION**

**DAILY LONG-TERM CARE ONLY**

**RECIPIENT (CLIENT) NAME PRINT:** \_\_\_\_\_

SERVICE - **CIRCLE ONE** Service PER Timesheet: **PCA / Homemaker / Companion / Respite**

!!! Attach Both Weeks Corresponding Service Log Notes PER Service for Recipient's File

Insurance Company (Circle One): **Sunshine / Humana / United / Molina / Staywell / Self-Referred**

**STAFF NAME PRINT:** \_\_\_\_\_

WEEK 1 x-client initial on Days Worked	DATE	TIME IN	TIME OUT	TOTAL HOURS	WEEK 2 x-client initial on Days Worked	DATE	TIME IN	TIME OUT	TOTAL HOURS
FRIDAY X_____					FRIDAY X_____				
SATURDAY X_____					SATURDAY X_____				
SUNDAY X_____					SUNDAY X_____				
MONDAY X_____					MONDAY X_____				
TUESDAY X_____					TUESDAY X_____				
WEDNESDAY X_____					WEDNESDAY X_____				
THURSDAY X_____					THURSDAY X_____				

WEEK 1 - TOTAL HOURS \_\_\_\_\_

WEEK 2 - TOTAL HOURS \_\_\_\_\_

**ADD BOTH WEEKS, TOTAL FOR 2 WEEK PERIOD:** \_\_\_\_\_

\*If not worked on any of the days, please **put a line through the total hours box on any date(s) not worked.** Helping Hands of Flagler County is **not responsible for any over hours performed out of the contract dates and/or over the authorized hours (units).** If sharing units with another staff care provider, **be sure to communicate so to not go over the authorized hours (units).**

RECIPIENT (CLIENT) SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_