EMPLOYEE PRINT NAME _____

**Circle Title:** INHS – ILS – Companion – Personal Support – Respite - Other: _____

CONSUMER PRINT NAME _____ MHCP or D.O.B. _____

# Cherish LLC

**2506 E Beltline - Hibbing, MN 55746**

TOTAL TIMESHEET HOURS _____

**TIME SHEET** **PHONE: (218) 263-9000** **FAX: (218) 263-8336** **SCAN AND EMAIL: becca@cherished1.co**

**Week One**

| | DATE (MM/DD/YY) | TIME IN | | TIME OUT | | ACTIVITIES | HOURS |
|---|---|---|---|---|---|---|---|
| Sunday | | | AM / PM | | AM / PM | | |
| Monday | | | AM / PM | | AM / PM | | |
| Tuesday | | | AM / PM | | AM / PM | | |
| Wednesday | | | AM / PM | | AM / PM | | |
| Thursday | | | AM / PM | | AM / PM | | |
| Friday | | | AM / PM | | AM / PM | | |
| Saturday | | | AM / PM | | AM / PM | | |
| *** Document all Activities Performed According to the CSSP Plan | | | | | | **Weekly Total** | |

Staff will report to the responsible party and/or supervisor any changes in health or behavior that they notice while providing services.

Note any hospitalization, incarcerations or care facility dates.

**Week Two**

| | DATE (MM/DD/YY) | TIME IN | | TIME OUT | | ACTIVITIES | HOURS |
|---|---|---|---|---|---|---|---|
| Sunday | | | AM / PM | | AM / PM | | |
| Monday | | | AM / PM | | AM / PM | | |
| Tuesday | | | AM / PM | | AM / PM | | |
| Wednesday | | | AM / PM | | AM / PM | | |
| Thursday | | | AM / PM | | AM / PM | | |
| Friday | | | AM / PM | | AM / PM | | |
| Saturday | | | AM / PM | | AM / PM | | |
| *** Document all Activities Performed According to the CSSP Plan | | | | | | **Weekly Total** | |

All timecard documentation will be recorded on the time and date that the service is provided.

| Employee Signature | Date |
|---|---|
| Employee Phone Number: | |

| Consumer / RP Signature | Date |
|---|---|
| Consumer / RP Signature Phone Number: | |

Signatures verify that the information entered above are accurate and were performed as specified in the consumer service plan and all duties were performed satisfactorily.

**It is a Federal Crime to provide false information on billings for Medical Assistance payment. Cherish LLC will investigate and report suspected fraud.**