DDS Timesheet-ACR Financial Management Services

Fax to: 860-627-0330 or Toll-Free 866-598-2227
Mail to: PO Box 509 East Windsor, CT 06088-0509

Part 1: Employee Information

Employee FIRST Name	
Employee LAST Name	
Employee Number:	Pay Period Ending Date:

Part 2: Employer Information

Employer FIRST Name	
Employer LAST Name	
Employer Number: CR	DDS Number:

Service Code Key
Independent Home Support: **I H S** Individual Day Support: INC **IND** Adult Companion: **COMP**
Independent Broker: **INDB** Personal Support: **PS** Respite: Flat Rate (24hr): **RES** Respite Hourly: **RES2**

Part III: Timesheet

YOU MUST OBTAIN YOUR EMPLOYER'S SIGNATURE BELOW

Week 1	Date Mo/Day	Service Code	Time IN	Time OUT	Time IN	Time OUT	Total Hrs
Saturday			AM PM	AM PM	AM PM	AM PM	
Sunday			AM PM	AM PM	AM PM	AM PM	
Monday			AM PM	AM PM	AM PM	AM PM	
Tuesday			AM PM	AM PM	AM PM	AM PM	
Wednesday			AM PM	AM PM	AM PM	AM PM	
Thursday			AM PM	AM PM	AM PM	AM PM	
Friday Ends Midnight			AM PM	AM PM	AM PM	AM PM	
Week 2							
Saturday			AM PM	AM PM	AM PM	AM PM	
Sunday			AM PM	AM PM	AM PM	AM PM	
Monday			AM PM	AM PM	AM PM	AM PM	
Tuesday			AM PM	AM PM	AM PM	AM PM	
Wednesday			AM PM	AM PM	AM PM	AM PM	
Thursday			AM PM	AM PM	AM PM	AM PM	
Friday Ends Midnight			AM PM	AM PM	AM PM	AM PM	

Progress Notes: **Bi-weekly IP Outcome progress note: What did you do for the hours you worked? Enter comments below-REQUIRED!**

By signing below, I certify that I provided the services to the consumer for the times recorded on this timesheet.

Employee Signature _____ Date Signed _____

Please check and FAX change form, if applicable
Address Change _____
Telephone # Change _____

I certify that the consumer has received the hours of service recorded on this timesheet.

Employer Signature _____ Date Signed _____