

LINK, INC. CONSUMER DIRECTED FINANCIAL MANAGEMENT SERVICES PROGRAM

Consumer: _____

Direct Support Worker: _____

Service: SCA

Private Pay

FIRST PAYCYCLE OF MONTH _____ (THIS LINE MUST BE FILLED IN) FROM 1 THRU 15, 2020

DAY	IN (AM/PM)	OUT (AM/PM)	IN (AM/PM)	OUT (AM/PM)	HMKR-SCA	ATCR-SCA	Duties Provided*	Total Hours	DSW Init.	Cons Init.
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Total Pay Period Hours

FOR OFFICE USE ONLY: POC TOTAL _____ TS TOTAL _____

Legend		Legend	
Attendant Care		Homemaker	
Code	Duties	Code	Duties
1	Bathing/Grooming	7	Meal Prep
2	Dressing/Undressing	8	Shopping
3	Toileting	9	Money Mgmt
4	Transfer	11	Laundry/Housekeeping
5	Walking/Mobility	12	Meds (cueing)
6	Eating		

I certify that the hours recorded are correct and performed satisfactorily.

I certify that the hours recorded are correct.

SIGNATURE OF CONSUMER

DATE

SIGNATURE OF Direct Support Worker

DATE

Fill in times on sheet daily. Be sure to use AM and PM. Consumers are responsible for: gathering the timesheets, checking for accuracy, signing, sending and/or bringing timesheets to:

LINK, INC - DSW Program

2401 E. 13th St.

Hays, KS 67601

FAX: 785-625-6137

Questions: 1-800-569-5926

or

785-625-6942

LARGE PRINT TIMESHEETS
ARE AVAILABLE UPON REQUEST
FOR VISION IMPAIRED DSW'S

TIMESHEET INSTRUCTIONS

Please follow the "PAY SCHEDULE" provided to you:

- 1) Please make sure to use the time sheet for the appropriate pay cycle. There are separate separate time sheets for each pay cycle.
- 2) **The month needs to be filled in at the top of the timesheet.**
- 3) When faxing the timesheet, fax only the front side. The back side of the timesheet does not need to be faxed to LINK.
- 4) Please mail timesheets to arrive in our office by the date listed on the "PAY SCHEDULE".
- 5) Timesheets submitted after the deadline will be paid with the next pay period.
- 6) **DSW's CANNOT be paid while consumer is in hospital.**
Consumer and/or DSW MUST contact LINK any time a consumer is hospitalized.
- 7) **All times must include AM or PM.**

When your supply of timesheets is low, please send a note with your current timesheets requesting more. Be sure to put the consumer's name and address on the note, as this is where they will be sent.

Knowingly submitting timesheets with false information is fraud and consumers and/or Direct Support Workers can be prosecuted.

Services may be discontinued to any consumer who knowingly submits false time sheets.

Consumers are responsible to ensure the plan of care is strictly followed. Do not have DSW's exceed the allotted hours on the Plan of Care.

DSW'S CANNOT WORK OVER 40 HOURS PER WEEK!

ALL DSW's MUST BE 18 YEARS OF AGE OR OLDER!

LINK, INC. CONSUMER DIRECTED FINANCIAL MANAGEMENT SERVICES PROGRAM

Consumer: _____ Direct Support Worker: _____

Service: SCA Private Pay

SECOND PAYCYCLE OF MONTH _____ (THIS LINE MUST BE FILLED IN) FROM 16 THRU 31, 2020

DAY	IN (AM/PM)	OUT (AM/PM)	IN (AM/PM)	OUT (AM/PM)	HMKR-SCA	ATCR-SCA	Duties Provided*	Total Hours	DSW Init.	Cons Init.
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										

Total Pay Period Hours

FOR OFFICE USE ONLY: POC TOTAL _____ TS TOTAL _____

Legend		Legend	
Attendant Care		Homemaker	
Code	Duties	Code	Duties
1	Bathing/Grooming	7	Meal Prep
2	Dressing/Undressing	8	Shopping
3	Toileting	9	Money Mgmt
4	Transfer	11	Laundry/Housekeeping
5	Walking/Mobility	12	Meds (cueing)
6	Eating		

I certify that the hours recorded are correct and performed satisfactorily.

I certify that the hours recorded are correct.

SIGNATURE OF CONSUMER DATE

SIGNATURE OF Direct Support Worker DATE

Fill in times on sheet daily. Be sure to use AM and PM. Consumers are responsible for: gathering the timesheets, checking for accuracy, signing, sending and/or bringing timesheets to:

LARGE PRINT TIMESHEETS
ARE AVAILABLE UPON REQUEST
FOR VISION IMPAIRED DSW'S

LINK, INC - DSW Program
2401 E. 13th St.
Hays, KS 67601
FAX: 785-625-6137

Questions: 1-800-569-5926
or
785-625-6942

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