



CLOCK CORRECTION FORM

Living Independently in Northwest Kansas
2401 E. 13th
Hays, KS 67601
(785) 625-6942 (V/TT)
(785) 625-6137 (FAX)

PLEASE DO NOT PUT MORE THAN ONE DAY/SHIFT ON THIS FORM.

Additional Forms are available if you have more than one day/shift to correct.

Time worked may not exceed 12 hours in a 24 hours period for Personal Care Services. For Enhanced Care Services, time reported must be a minimum of 6 hours, but not more than 9 hours. Incomplete information will result in your claim being denied. Be certain that all fields pertaining to you shift are completed below before submitting this form

You may fax this form to 785-625-6137, mail it to our address above, or drop it off at our office during normal business hours, 8am to 12pm, 1pm to 5pm, Monday thru Thursday. To request a form be sent to you electronically, please contact the Payroll Dept at 785-625-6942. You may also obtain forms at our agency or on our website at:

http://www.linkinc.org/financial-management-services.



PCS SERVICES - DAYTIME HOURS ONLY BELOW:

- 1. CONSUMERS NAME (PRINT): CONSUMERS PHONE NUMBER:
2. DIRECT SUPPORT WORKERS NAME & ID # (PRINT):
3. DATE OF CORRECTION: (ONE DATE ONLY) CLOCK IN TIME (AM / PM): CLOCK OUT TIME (AM / PM):
4. ACTIVITY CODE(S):
5. REASON FOR CORRECTION:



ECS SERVICES - NIGHT SUPPORT ONLY BELOW:

- 1. CONSUMERS NAME (PRINT):
2. DIRECT SUPPORT WORKERS NAME AND ID # (PRINT):
3. DATE FOR CLOCK IN: DATE FOR CLOCK OUT: CLOCK IN TIME (AM/PM): CLOCK OUT TIME (AM/PM):
4. REASON FOR CORRECTION:



By signing below you are confirming that the information above is accurate per guidelines stated by Medicaid for your Home and Community Based Services (HCBS). Fraudulent submissions will be reported to the State of Kansas and to your MCO.

Direct Support Worker Signature Consumer Signature