CHOICE
HOME CARE

Tel. (818)894-4151 ~ Fax. (818) 305-6114 ~ 14101 Valleyheart Dr# 200 Sherman Oaks, CA 91423

Please select type of service provided
(Select <u>one</u> service per timesheet)

Caregiver Full Name: _____

Phone Number: _____

RESPITE: _____   **DAY CARE/PA:** _____

Timesheets are due on the 1st and 16th of every month

Day of the week	Date (m/d/y)	Start Time	End Time	Total Hours	Name of Client *(one timesheet per family)*	Parents Signature *(Sign every line – NO INITIALS)*
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			

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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			

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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			

Total Hours: _____   **Working more than 40 hours per week (all families combined) must be pre-approved by the office.**

Caregiver Signature:

X_____

I declare under penalty of perjury that the hours reported above are true, completed and correct; represent all my actual work time; and were verified by the Client or Responsible Party. I further attest under penalty of perjury that during this pay period I adhered to all the policies of Choice Home Care, Inc; received the meal and or rest periods to which I was entitled, if any. During any shift when I worked in the private home of a Choice Home Care client, I declare under penalty of perjury that I (1) performed only non-medical personal attendant companionship services; (2) spent at least 80% of my time supervising, feeding and or dressing the client; and (3) did not perform any medical procedures or administer medication, or drive the client in mine or anyone else's vehicle. Finally, if I remained at a client's home during my non-working hours, I declare under penalty of perjury that I (1) did not work (unless I otherwise notified Choice Home Care on my timecard) and was not on call during my non-working hours; (2) was relieved of all duties and not required to remain on the premises or respond to the client during my non-working hours.

Additional Notes: _____

Office use only

Hours	Verified by	Simetra
_____	_____	_____