



Consumer Choice Services, Inc. as a Fiscal Agent
 12600 Whitewater Drive Suite 100
 Minnetonka, MN 55343
 Phone: 952-935-3515 Fax: 952-855-8349
 Email: fmsmytime@accracare.org

Complete only if client was hospitalized:

	Date	Time		Date	Time
Admit	<input type="text"/>	<input type="text"/>	Discharge	<input type="text"/>	<input type="text"/>

No hours can be claimed if Client is in the hospital, nursing home, incarcerated or out of home placement

Client Kylie Spurling Start Date _____ thru _____ End Date _____
 (Please Print) 010804 Pay Period : _____ thru _____

TIMESHEET

Week One	Mo/Day/Yr	Time In AM or PM	Time Out AM or PM	Time In AM or PM	Time Out AM or PM	CDCS/CSG Hours
Sun						
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
TOTAL						

Week Two	Mo/Day/Yr	Time In AM or PM	Time Out AM or PM	Time In AM or PM	Time Out AM or PM	CDCS/CSG Hours	
Sun							
Mon							
Tue							
Wed							
Thur							
Fri							
Sat							
TOTAL							Pay Period Total

****By signing this timesheet I am verifying the above recorded hours are true and accurate. It is a Federal Crime to provide materially false information on service billings for Medical Assistance payment or services provided under a federally approved waiver plan as authorized under Minnesota Statutes 256B.0913, 256B.0915, 256B.092, 256B.49.**

Employee Signature _____ Date _____ Employee Name (Printed) _____ DSP Title _____ Emp ID _____ Employer or Responsible Party Signature _____ Date _____
 (***) Timesheets are due in the office by noon Tuesday following the end of the pay period. (On PayStub)

Employee Phone #: _____

Employer or Responsible Party Phone #: _____