

# VETERANS

At Home Care

4480 General Degaulle Dr.  
Ste. 208  
New Orleans, LA 70131  
Office: (504) 354-8111  
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## Employee Time Sheet

DSW Name: \_\_\_\_\_ Week of: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Consumer Name: \_\_\_\_\_ Service Type: **Standard VA**

	Dates	Time In	Time Out	Time In	Time Out	Total Hrs.
<b>Sunday</b>						
<b>Monday</b>						
<b>Tuesday</b>						
<b>Wednesday</b>						
<b>Thursday</b>						
<b>Friday</b>						
<b>Saturday</b>						
						<b>Total Hrs. Worked</b>

Consumer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DSW Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this time sheet, I, \_\_\_\_\_, affirm that the consumer's signature above is not forged and the hours documented above have been worked.

I, \_\_\_\_\_, acknowledge that forging a consumer's signature and documenting hours that have not been worked are strictly prohibited by the Department of Veterans Affairs and Veterans At Home Care and can result in legal consequences, nonpayment for hours not worked, and disciplinary actions including termination of employment.

### OFFICE USE ONLY

Verified:

Total Hours Authorized: \_\_\_\_\_

Total Hours Worked: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

<b>PROVIDER'S NAME: Veterans at Home Care</b>							
<b>DIRECT SERVICE WORKER'S NAME (PRINT):</b>							
<b>PARTICIPANT'S NAME:</b>					<b>PARTICIPANT'S DOB:</b>		
<b>Week Of:</b>		<b>Through:</b>					
<b>Day Of Week:</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Date→</b>							
<b>Tasks:</b>	<b>Indicate Tasks Completed Each Day by Signing with Worker's Initials.</b>						
<b>Eating</b>							
<b>Bathing</b>							
<b>Dressing</b>							
<b>Grooming</b>							
<b>Transferring</b>							
<b>Ambulation</b>							
<b>Toileting</b>							
<b>Light Housekeeping</b>							
<b>Food Preparation &amp; Storage</b>							
<b>Shopping</b>							
<b>Laundry</b>							
<b>Medication Reminders</b>							
<b>Assist to Scheduled Medical Appointment</b>							
<b>Assist to Arrange Medical Transportation</b>							
<b>Accompany to Medical Appointments</b>							

**PARTICIPANT/RESPONSIBLE REPRESENTATIVE/LEGAL REPRESENTATIVE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**DIRECT SERVICE WORKER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**NOTE: TIMES OF SERVICE DELIVERY, AS WELL AS LOCATION AT CHECK IN/OUT, ARE DOCUMENTED THROUGH THE ELECTRONIC VISIT VERIFICATION (EVV) SYSTEM.**

