SERVICES FOR INDEPENDENT LIVING
1401 Hathman Place • Columbia, Missouri 65201 • Voice 573-874-1646 • TTY: 573-874-4121

CONSUMER DIRECTED CARE
TIMESHEET(S) FOR ATTENDANT CARE

INSTRUCTIONS FOR THE CONSUMER: You must complete this form based on the individual Personal Care Attendant Timesheet which has been completed by you and each attendant working during this time period. At the end of each two-week time period please **make sure you and your attendants have completed and signed the Personal Care Attendant Timesheet** (***this includes all AM & PM shifts, and tasks completed.)*** It is your responsibility to insure the accuracy of every timesheet that is submitted for your care. If the timesheet is not properly filled out, this will delay or withhold your employee's paycheck. ***White-out corrections are not acceptable, as all timesheets are legal documents.*** Additionally, be sure to add YOU AND YOUR ATTENDANT'S SIGNATURE, DATE, AND ALL OTHER REQUIRED PERTINANT INFORMATION ON THE BACK OF EACH TIMESHEET IS COMPLETED.

Submit original timesheets and coversheets to:

Services for Independent Living
1401 Hathman Place
Columbia, MO 65201
Fax Number: (573) 874-0011

******If you fax in a timesheet the original needs to be mailed in also.*

1. **Consumer's Name:** _____
2. **Address:** _____
   Street **city** **zip code**
3. **Phone Number:** _____
4. **This timesheet is for the pay period** _____ **through** _____
5. **Number of PCA hours used:** _____
6. **Number of PCA hours not used:** _____
7. **Number of attendants who worked during this two-week period:** _____

***I understand that if I have not met my monthly spenddown my attendant will not be able to be paid with Medicaid funds until my spenddown is met. I will have to pay my attendant from my personal funds when this occurs.**

_____
Signature of Consumer (Employer)
NOT THE ATTENDANT

United Way