

Signatures verify that all dates and times entered are true and accurate.

I understand that my attendant cannot be paid for time while I am in the hospital. Falsification of timesheets constitutes Medicaid fraud.

SIL 's policy is to report all suspected fraud to the Missouri State Attorney General's Office and to prosecute fraud.

I have read the above and fully understand the policies.

IMPORTANT

Please indicate reason for hours not used.

- In hospital
- In nursing home
- On vacation
- Holiday; attendant would not work
- Looking for attendant
- Other

Consumer/Employer and Attendant/Employee MUST sign and date below.

CONSUMER SIGNATURE _____ DATE _____

ATTENDANT SIGNATURE _____ DATE _____

If this form is not signed and dated by both parties, attendant will not be paid.