

Consumer Name \_\_\_\_\_

## Specialized Services Time Sheet

**All Hours worked MUST be verified by the individual/Guardian receiving services, all signatories are legally bound by these signatures**

DOB: \_\_\_\_\_ County of Services: \_\_\_\_\_

Day/Date	Time In Start	Circle One	Time Out End	Circle One	CPS 100% Community Ratio: 1:1 W5996	CPS 100% Community Ratio: 1:2 or 1:3 W9351	Respite (Base) Level 2 Ratio: 1 :1 W7290	Home maker W7283	Chore W7282	Family Aide W7314
<b>SUNDAY</b>		AM / PM		AM / PM						
Date:		AM / PM		AM / PM						
___ / ___ /20__		AM / PM		AM / PM						
		AM / PM		AM / PM						
										Individual/Guardian Signature
										CSS Signature
<b>MONDAY</b>		AM / PM		AM / PM						
Date:		AM / PM		AM / PM						
___ / ___ /20__		AM / PM		AM / PM						
		AM / PM		AM / PM						
										Individual/Guardian Signature
										CSS Signature
<b>TUESDAY</b>		AM / PM		AM / PM						
Date:		AM / PM		AM / PM						
___ / ___ /20__		AM / PM		AM / PM						
		AM / PM		AM / PM						
										Individual/Guardian Signature
										CSS Signature
<b>WEDNESDAY</b>		AM / PM		AM / PM						
Date:		AM / PM		AM / PM						
___ / ___ /20__		AM / PM		AM / PM						
		AM / PM		AM / PM						
										Individual/Guardian Signature
										CSS Signature
<b>THURSDAY</b>		AM / PM		AM / PM						
Date:		AM / PM		AM / PM						
___ / ___ /20__		AM / PM		AM / PM						
		AM / PM		AM / PM						
										Individual/Guardian Signature
										CSS Signature
<b>FRIDAY</b>		AM / PM		AM / PM						
Date:		AM / PM		AM / PM						
___ / ___ /20__		AM / PM		AM / PM						
		AM / PM		AM / PM						
										Individual/Guardian Signature
										CSS Signature
<b>SATURDAY</b>		AM / PM		AM / PM						
Date:		AM / PM		AM / PM						
___ / ___ /20__		AM / PM		AM / PM						
		AM / PM		AM / PM						
										Individual/Guardian Signature
										CSS Signature
<b>Weekly Totals</b>										

CSS Printed Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Phone \_\_\_\_\_