

Time Sheet Documentation for Manual Electronic Visit Verification (EVV) Entries/Edits



Agency Name:	TIN:	Provider ID:
Employee Name:	Last 4 digits of SSN:	
Client Name:	Medicaid ID:	
Client Address:		

Visit Date MM/DD	Start Time	End Time	Start Time	End Time	Total Hours	List Duty IDs Performed Based on Plan of Care
	am	am	am	am		
	pm	pm	pm	pm		
	am	am	am	am		
	pm	pm	pm	pm		
	am	am	am	am		
	pm	pm	pm	pm		
	am	am	am	am		
	pm	pm	pm	pm		
	am	am	am	am		
	pm	pm	pm	pm		
	am	am	am	am		
	pm	pm	pm	pm		

Client signature:	Date:
Agency signature and agency position:	Date:
I, the undersigned Home Care Aid attest that I provided Personal Assistance Services, as described above, to the Client listed on the time sheet above, and that the hours are true and correct.	
Employee signature:	Date:

Note: All sections of the time sheet must be completed and signed by the Employee, Client and Agency Designee. By signing in the designated areas above, you are confirming that the hours shown and the services provided were performed by the Employee whose name appears on the time sheet.