

# ABILITY360

Home Care Services  
5025 E. Washington St.  
Suite 200  
Phoenix, Arizona 85034  
[www.ability360.org](http://www.ability360.org)

## Payroll Office Phones

A-G (602) 296-0546  
H-O (602) 296-0516  
P-Z (602) 296-0506

**DEADLINE:**  
**MONDAY 4 PM**  
**INCLUDING HOLIDAYS**  
*Time sheets received after 4 pm on Monday will not be paid until the following week.*

Fax #: (602) 296-0505 - Main  
Fax #: (480) 655-9751 - Gilbert  
Fax #: (602) 424-4118 - Glendale  
**Email: [HCSPayroll@ability360.org](mailto:HCSPayroll@ability360.org)**

Office Use Only				
Health Plan		Pay Rate		
MC	MC- PN	High	Low	AH
UHC	UHC-PN	PC	HM	CC
BN	BN- PN	Resp	Hrly	Daily
Tribe	Pr Pay	Week #		
Con Hrs / PA Hrs		/		

Employee Name: \_\_\_\_\_  
FIRST LAST

Consumer Name: \_\_\_\_\_  
FIRST LAST

ID# \_\_\_\_\_ - \_\_\_\_\_

*You must notify your Supervisor immediately of changes in consumer's condition or hours, and hospitalizations or nursing home admissions and discharges. You must notify Ability360 within 3 hours of your start time if you are unable to work your scheduled shift.*

PLEASE PRINT USING BLACK INK		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	TOTAL HOURS
Year _____	Fill In Date →								
Check One Service Per Time Card <input type="checkbox"/> <i>Attendant Care</i> <input type="checkbox"/> <i>Relief</i> <input type="checkbox"/> <i>Companion Care</i> <input type="checkbox"/> <i>Homemaking</i> <input type="checkbox"/> <i>Personal Care</i> <input type="checkbox"/> <i>Respite</i> <input type="checkbox"/> <i>Hourly</i> <input type="checkbox"/> <i>Daily</i>	Start								
	Out								
	In								
	End								
	TOTAL								
CIRCLE APPLICABLE TASKS		CHECK DAILY TASKS PERFORMED							
EATING									
ORAL CARE / SHAVING / NAIL CARE									
DRESSING / GROOMING									
BATHING - BED BATH / TUB BATH / SHOWER									
BED MOBILITY - REPOSITION EVERY _____ HOURS									
TRANSFERS – ASSIST / PIVOT / FULL / HOYER									
ASSIST WITH AMBULATION									
RANGE OF MOTION EXERCISES									
ASSIST TO BATHROOM / INCONTINENT CARE									
REMIND OR ASSIST WITH SELF-MEDICATION									
COMPANIONSHIP / SUPERVISION									
ACCOMPANY TO DOCTOR APPOINTMENTS									
DUST									
FLOORS – SWEEP / MOP / VACUUM									
CLEAN BATHROOM / BEDROOM / KITCHEN									
CLEAN OVEN / REFRIGERATOR									
LAUNDRY / BED LINENS									
SHOPPING									
MEAL PREP – BREAKFAST / LUNCH / DINNER									

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Emp. Phone # \_\_\_\_\_

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

Employees may not submit hours for any days that a consumer is in the hospital. Employees who submit hours when the consumer was not home for service will be required to reimburse Ability360 either through payroll deduction or payment in cash or check. Employees agree to payroll deduction of any hours that were paid but not provided or authorized by their Supervisor. "I understand that this timesheet will be used to process claims that will be paid from Federal and State funds, and that any willful falsification, or concealment of a material fact, may be prosecuted under Federal and State Laws. I certify that to the best of my knowledge the foregoing information is true, accurate and complete." **Submission of illegible, incomplete, unauthorized, or late time sheets WILL delay payment.**