### **Attendant Care**
- Relief

### **Companion Care**

### **Homemaking**

### **Personal Care**

### **Respite**
- Hourly
- Daily

---

**Deadline:**
**Monday 4 PM**
**Including Holidays**
*Time sheets received after 4 pm on Monday will not be paid until the following week.*

**Payroll Fax #: 520-723-7767**
**Email:**
**HCSPayroll.pinal@ability360.org**

---

**Office Use Only**

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Pay Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>MC-PN</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>UHC-PN</td>
<td>AH</td>
</tr>
<tr>
<td></td>
<td>CC</td>
</tr>
<tr>
<td>BN-PN</td>
<td>PC</td>
</tr>
<tr>
<td></td>
<td>HM</td>
</tr>
<tr>
<td>Tribe</td>
<td>Resp</td>
</tr>
<tr>
<td></td>
<td>Hrly</td>
</tr>
<tr>
<td></td>
<td>Daily</td>
</tr>
</tbody>
</table>

**Con Hrs / PA Hrs**

---

**Employee Name:**
**ID# _______ ___________**

**Consumer Name:**
**FIRST**
**LAST**

---

**PLEASE PRINT USING BLACK INK**

**Fill In Date**

**Year______**

**Check One Service Per Time Card**

- **Attendant Care**
- **Relief**
- **Companion Care**
- **Homemaking**
- **Personal Care**
- **Respite**
  - Hourly
  - Daily

**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.

---

**Debtline:**
**Monday 4 PM**
**Including Holidays**

**Time sheets received after 4 pm on Monday will not be paid until the following week.**

---

**Payroll Office Phones**
**520-316-4306**