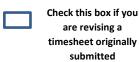




Timesheet-ACR Financial Management Services

Fax to: 860-627-0330 or Toll-Free 866-598-2227 Mail to: PO Box 509 East Windsor, CT 06088-0509



W-994 (New 5-18)

Part 2: Employer Information Part 1: Employee Information Employer FIRST Name Employee FIRST Name Employer LAST Name **Employee LAST Name** SSN(Last 4) Pay Period Ending Date: DDS or Medicaid Number If you are a DDS partipant then enter your DDS # here DSS SERVICES Personal Care Assistance(CFC): PCA 24 Hour Per Diem(CFC): DIEM 12 Hour Overnight(CFC): OVER Individualized Home Support: I H S Individual Day Support: IND Adult Companion: COMP Independent Broker: INDB Personal Support: PS DDS SERVICES Respite Flat Rate (24hr): RES Respite Hourly Rate: RES2 Supported Employment Individual: SEI Individual Goods and Services Supervior: IDGS Transportation: TRAN YOU MUST OBTAIN YOUR EMPLOYER'S SIGNATURE BELOW Part III: Timesheet Date Mo/Day Service Code Week 1 Time OUT Time OUT **Total Hrs** Time IN Time IN AM 🤇 AM 🤇 AM 🤇 AM 🤇 PM C PM C PM C Sunday PM C AM C AM C AM C РМ 🔿 PM C РМ С PM C Monday AM C AM 🤇 AM C AM C PM C PM C PM C PM C Tuesday AM 🤇 AM 🤇 AM 🤇 AM 🤇 PM C РМ 🔿 РМ 🗲 РМ 🔿 Wednesday AM Ċ AM Ċ AM C AM Ċ РМ 🗲 Thursday РМ 🔿 AM 📿 AM 📿 AM C AM 🔿 PM C PM 🤇 PM C PM C Friday Saturday AM C AMO AM 🔿 AM 🤇 PM C Ends Midnight PM C РМ С WEEK 1 TOTAL HOURS Week 2 AM C AM C AM 🤇 РМ С PM C PM C РМ С Sunday AM C AMC AM C PM C PM C PM C PM C Monday AM 🤇 AM 🤇 AM C AM C РМ 🗲 РМ 🗲 РМ 🗲 PM C Tuesday AM C AM 🤇 AM 🤇 AM 🤇 PM C PM C PM C PM C Wednesday AM 🤇 AM C AM 🤇 AM 🤇 PM C РМ С PM C PM C Thursday AM C AM 🤇 AM 🤇 AM 🤇 PM C PM C PM C PM C Friday AM АМ С АМ 🤇 Saturday РМ С РМ С РМ С рм С Ends Midnight WEEK 2 TOTAL HOURS Progress Notes: Bi-weekly IP or Service Plan Outcome progress note: What did you do for the hours you worked? Enter comments below-REQUIRED!

I Certify that the information supplied above regarding hours worked and progress goals is accurate. I also certify that my employer was not an inpatient in a hospital, nursing facility, or other medical or non-medical institutional setting during this time period.

I Certify that this time sheet was completed in full BEFORE I signed it and that the above information regarding hours worked and progress goals is accurate. I also certify that I was not an inpatient in a hospital, nursing facility, or other medical or non-medical institutional setting during this time period.