Wisconsin Veteran Directed-Home and Community Based Services Program Timesheet

EMPLOYEE NAME: LAST FOUR DIGITS OF SS #_____

Ē

 Veteran Name:
 _____Veteran Phone #

 Was the Veteran admitted to a hospital or nursing home during any of these dates? Yes
 _____No

 If <u>YES</u>, indicate the dates the Veteran was **admitted to and discharged from** the hospital or nursing home______

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NO SERVICES CAN BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL/NURSING HOME

| | Pay Period I | | | | Λ | D | Service Code | # of Hours |
|------|--------------|---------|---------|---------------|-------|-----|----------------------|------------|
| Date | Start | Α | Р | End Time | A | Р | Service Code | # of Hours |
| | Time | Μ | Μ | | Μ | М | (See Back for Codes) | Worked |
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| | Total Ho | urs Woi | rked fo | or Current Pa | y Per | iod | | |

We (below) certify that the information provided on this form is true, accurate and complete.

Employee Signature _____

Date _____ Date _____

Veteran Signature

Timesheets received by ARIS Solutions after the due dates on the Payroll Schedule will be processed for the next scheduled pay date.

Mail timesheets to: ARIS Solutions- Veteran Dept. PO Box 4409 White River Jct., VT 05001 Secure Fax: 1-802-295-9812 Secure Email: veteranpayroll@arissolutions.org

| Program | Service | Service Code | |
|---------|--|--------------|--|
| VD-HCBS | Companion Services | CS | |
| | Emergency/Planned Savings Fund | RDF | |
| | Environmental Care | EC | |
| | Medication Management | MM | |
| | Other | 0 | |
| | Personal Care | PC | |
| | Respite | R | |
| | Supportive Home Care | SHC | |
| | Transportation | Т | |
| | Companion Services-Back Up | CS-BU | |
| | Emergency/Planned Savings Fund-Back Up | RDF-BU | |
| | Environmental Care-Back Up | EC-BU | |
| | Medication Management-Back Up | MM-BU | |
| | Other-Back Up | O-BU | |
| | Personal Care-Back Up | PC-BU | |
| | Respite-Back Up | R-BU | |
| | Supportive Home Care-Back Up | SHC-BU | |
| | Transportation-Back Up | T-BU | |

*This information may change; please consult the ARIS Solutions website (<u>www.arissolutions.org</u>), your Care Consultant or Program Handbook to be sure that you have the most up-to-date information.

*In and Out times need to be listed in quarter hour increments. Example: 12:00pm, 12:15pm, 12:30pm, 12:45pm, etc.

Please note it is the Veteran/Representative-Employer's responsibility to ensure the accuracy of the service codes used. Be sure to review prior to submission, especially when a Back-up worker is utilized.

By adding BU following any service code illustrates hours worked that are back up for another worker. See red service codes above.

Universal Timesheet (Version 1.0) August 2017

