

WESTSIDE REGIONAL CENTER

IN HOME RESPITE WORKER TIME CARD

PARENT NAME: _____
CLIENT NAME: _____
PROVIDER NAME: _____
PROVIDER ADDRESS: _____

AUTHORIZATION NUMBER: _____
PROVIDER SOCIAL SECURITY #: _____
PROVIDER AGE: _____
PROVIDER PHONE #: _____

SERVICE MONTH

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	28	30	31	TOTAL

PLEASE FILL IN NUMBER OF RESPITE HOURS EACH DAY AND TOTAL HOURS

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I PROVIDED ONLY NON MEDICAL RESPITE SERVICES TO THE CLIENT AND THAT ALL THE ABOVE INFORMATION IS CORRECT. *☞THE NEW RATE FOR RESPITE IS \$6.75 EFFECTIVE 2/1/99☜*

EMPLOYEE SIGNATURE _____ DATE _____

I CERTIFY THAT THE EMPLOYEE SIGNING ABOVE WAS EMPLOYED, TRAINED, MONITORED, AND ASSIGNED ALL DUTIES SOLELY BY ME. I FURTHER CERTIFY THAT THE HOURS AND WAGES SHOWN ABOVE ARE CORRECT AND THAT THE EMPLOYEE PERFORMED SATISFACTORILY MEETING ALL REQUIREMENTS OF TITLE 17.

PARENT SIGNATURE _____ DATE _____

*****IMPORTANT NOTE*****

YOUR BILLING FORMS WITH ATTENDANCE SHEETS MUST BE IN ACCOUNTING BY THE 8TH DAY OF EACH MONTH TO BE PAID BY THE 14TH DAY. INVOICES RECEIVED AFTER THE 9TH DAY WILL BE PROCESSED AND PAID ON THE 28TH DAY OF THE MONTH.

COMPLETED TIME SHEETS CAN BE FAXED TO (310) 649-1039