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## CDPAP WEEKLY TIME SHEET

Patient's Name (PRINT): \_\_\_\_\_

Patient's Address (PRINT): \_\_\_\_\_

Employee Name (PRINT): \_\_\_\_\_ Week Ending \_\_\_\_\_

DAY	DATE	START	END	LIVE IN	TOTAL	CONSUMER SIGNATURE
SATURDAY		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
SUNDAY		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
MONDAY		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
TUESDAY		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
WEDNESDAY		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
THURSDAY		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
FRIDAY		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
<b>TOTAL DAYS WORKED</b>				<b>TOTAL HOURS WORKED</b>		

THE REASON WHY EVV IS MISSING: \_\_\_\_\_

Patient's (Consumer) Signature: \_\_\_\_\_

### EMPLOYEE ACKNOWLEDGEMENT

**I Hereby Certify that the hour shown above represents my total hours worked for the week and properly certified by the client or an authorized representative.**

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_\_\_

**PLEASE NOTE:** The deadline for timesheets is Monday by 12 pm, anything submitted later will be paid the following week.