



### CARE AND LIFE LLC TIME SHEET

\_\_\_\_\_ to \_\_\_\_\_  
Customer's Name (please print) Date of Services

| No | Personal Attendant | Date<br>MM/DD/YYYY | Start | End   | Hours | Observ. |
|----|--------------------|--------------------|-------|-------|-------|---------|
| 1  |                    |                    | am/pm | am/pm |       |         |
| 2  |                    |                    | am/pm | am/pm |       |         |
| 3  |                    |                    | am/pm | am/pm |       |         |
| 4  |                    |                    | am/pm | am/pm |       |         |
| 5  |                    |                    | am/pm | am/pm |       |         |
| 6  |                    |                    | am/pm | am/pm |       |         |
| 7  |                    |                    | am/pm | am/pm |       |         |
| 8  |                    |                    | am/pm | am/pm |       |         |
| 9  |                    |                    | am/pm | am/pm |       |         |
| 10 |                    |                    | am/pm | am/pm |       |         |
| 11 |                    |                    | am/pm | am/pm |       |         |
| 12 |                    |                    | am/pm | am/pm |       |         |
| 13 |                    |                    | am/pm | am/pm |       |         |
| 14 |                    |                    | am/pm | am/pm |       |         |
| 15 |                    |                    | am/pm | am/pm |       |         |
| 16 |                    |                    | am/pm | am/pm |       |         |
| 17 |                    |                    | am/pm | am/pm |       |         |
| 18 |                    |                    | am/pm | am/pm |       |         |
| 19 |                    |                    | am/pm | am/pm |       |         |
| 20 |                    |                    | am/pm | am/pm |       |         |

Attendant Attests: By my signature, I certify that I have followed the procedure for completing this timesheet and I have provided personal care services as directed on the care plan developed by AHCA. I attest that I have accurately recorded and signed this timesheet at the beginning and end of each shift I worked and that no hours are being claimed while the consumer was hospitalized. I understand that this is an Insurances funded program and that these hours will be billed to Insurances. I understand that the Federal False Claim Act (31USC3729-3733) imposes liability on any person who submits a claim to the Federal Government that he or she knows (or should know) is False. I understand that recording time that did not work, or failure to follow any of Care And Life LLC policies may result in termination of my employment, repayment to Care And Life LLC for fraudulently billed hours , and/or Criminal Prosecution.

|               |              |
|---------------|--------------|
| HHA signature | Hours worked |
|---------------|--------------|

Supervisor Attests: By my Signature, I swear that I have reviewed this timesheet and it accurately records the personal care services I have received on the dates indicated above. I attest that the services I received were provided as directed on my AHCA care plan, and that no hours were worked during any part of a hospitalization. I understand that this is a Medicaid funded program and that these hours will be billed to Medicaid. I understand that falsification of time sheet or failure to follow any of Care and Life LLC policies may result in termination of my attendant, repayment to Care and Life LLC for fraudulent billed hours. I may also be subject to Criminal prosecution.

\_\_\_\_\_  
Client Signature Date