ATTENDANT TIMESHEET

PaRC MEMBER'S NAME:		
ATTENDANT'S NAME:		
ATTENDANT'S ADDRESS:		
_		
	TRANSPORTATION SERVICES	
Did Attendant use personal v	hicle?	
If yes, please record number	f miles one way:	

ATTENDANT CARE SERVICES

Are the Attendant Care services being paid for through another waiver/program?_____

If yes, skip to Attendant's Meal Expenses.

If no, please complete the table below using the rows to record daily services (date, starting / ending times, types of services provided, and the total number of hours).

DATE of SERVICE	TIME ATTENDANT CARE STARTED	TIME ATTENDANT CARE ENDED	TYPE OF SERVICES PROVIDED (dressing, feeding, bathing, etc.)	TOTAL HOURS

ATTENDANT'S MEAL EXPENSES

ITEMIZED/LEGIBLE RECEIPTS REQUIRED FOR EACH MEAL!

Please complete the table below using the rows to record daily expenses.

DATE	BREAKFAST	LUNCH	DINNER	TOTAL

FOR STAFF USE ONLY

EXPENSE	RATE	TOTAL
Attendant Care Hours	X \$15.00/hr.	
Attendant's Meals		
Attendant's Round-Trip Miles (if applicable)	X \$.655	
Attendant's Other Transportation Expenses (if applicable)		
	GRAND TOTAL ATTENDANT	

Attendant Signature (required)

PaRC Member Signature (required)

DATE

DATE