

Time Sheet Instructions

Note: Individual Providers must call in and out using the EVV System and record the times accurately.

All fields required to be completed in order for timesheet to be processed.

State of Illinois
Department of Human Services - Division of Rehabilitation Services
Home Services Program Time Sheet

District: 344 **1**

Case Number: 04928401 Worker SSN: 123-45-6789
 Customer Name: John Smith Worker Name: MARY JONES
 Address: 123 Main St. Apt. #: 4 Home Address: 1 W. Capitol Apt. #: _____
 City/Zip Code: Bloomington, IL 61701 City/Zip Code: MOLTA, IL 61759 **3**
 Phone: 309 782-2722 Phone: 309 449-0300
 Information has changed since last time sheet was submitted. Information has changed since last time sheet was submitted.
 NOTE: Check will be mailed to individual Provider's home address

Month: July Year: 2014 **4**
 Dates: (check box) _____ Indicate AM or PM with each start and stop time

	X		Start	Stop	Start	Stop	Start	Stop	Daily Total
	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
5 X Personal Assistant	1st	16th	9:02am	11:30am					
<input type="checkbox"/> Certified Nurse Assistant	2nd	17th	9:00am	11:31am					
	3rd	18th							
	4th	19th							
	5th	20th							
<input type="checkbox"/> Licensed Practical Nurse	6th	21st							
	7th	22nd	8:30am	11:35am					
<input type="checkbox"/> Registered Nurse	8th	23rd	8:45am	11:49am					
	9th	24th	8:49am	11:16am					
	10th	25th							
<input type="checkbox"/> Physical or Occupational Therapist	11th	26th							
	12th	27th							
	13th	28th	8:31am	11:33am					
	14th	29th	8:30am	11:31am					
<input type="checkbox"/> Speech Therapist	15th	30th							
	16th	31st							
Pay Period Total									

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CUSTOMER/INDIVIDUAL PROVIDER CERTIFICATION FOR SERVICES RENDERED
 I certify that the above information is true and in accordance with the Individual Provider Payment Policies (IL488-2252). I understand falsification of any information submitted on this form could lead to criminal prosecution.
 Worker Signature: Mary Jones Date: July 18, 2014
 I certify that the above information is true and that services were received as stated. I understand falsification of any information submitted on this form could lead to criminal prosecution.
 Customer Signature: John Smith Date: July 18, 2014
8 FOR OFFICE USE ONLY
 DHS Payment Approval: _____ Date: _____ Gross: _____ Auth: _____

IL488-2251 (R-7-12) - Home Services Program Time Sheet
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- 1** Enter the three digit district number
- 2** Enter Case Number, Customer Name, Address, Zip Code, and current Phone Number. Mark the box if this information has changed.
- 3** Enter Worker SSN, Worker Name, Address, Zip Code and current Phone. Mark the box if the information has changed
- 4** Enter the month and the year that the service was provided.
- 5** If you are working as something other than a P.A., please check the box.
- 6** List the exact time provided to you via the EVV system. Do NOT round!
- 7** Worker Signature and Date
- 8** Customer Signature and Date

Helpful Hints

- Write the exact time as provided by the EVV system.
- Consider using a highlighter to note changes in address or rate of pay.
- Use black or blue ink.
- Complete the timesheet in full; failure to do so may delay payment.

EVV Phone Numbers

English	Spanish	Multiple Customers in Home
1-855-347-1770	1-855-347-0771	1-844-604-7391
1-855-573-0726	1-855-573-1726	1-844-786-7495

PROVIDER HOTLINE

Call this number
FIRST for information
about your checks.

1-800-804-3833