

Employee/Provider Name *(one per timesheet)*

 Employer/Service Recipient Name *(child's name)*

Pay Period: ____/____/____ to ____/____/____

Employer/Service Recipient County of Residence

ATTENTION

- One pay period per timesheet.
- Round to nearest 15-minute increment for hour totals (15min = .25 30min = .5 45min = .75).
- Must have authorization from county to use full days.
- Neither BDS Fiscal nor the CLTS Waiver program are responsible for paying for hours submitted after 60 days, hours that exceed 40 per week (Sun-Sat), or hours that exceed the amount authorized.

Date	Service	Start	End	# Hours <i>9 max per day</i>	Check if full day
		AM	AM		<input type="checkbox"/>
		PM	PM		<input type="checkbox"/>
		AM	AM		<input type="checkbox"/>
		PM	PM		<input type="checkbox"/>
		AM	AM		<input type="checkbox"/>
		PM	PM		<input type="checkbox"/>
		AM	AM		<input type="checkbox"/>
		PM	PM		<input type="checkbox"/>
		AM	AM		<input type="checkbox"/>
		PM	PM		<input type="checkbox"/>
		AM	AM		<input type="checkbox"/>
		PM	PM		<input type="checkbox"/>
		AM	AM		<input type="checkbox"/>
		PM	PM		<input type="checkbox"/>
		AM	AM		<input type="checkbox"/>
		PM	PM		<input type="checkbox"/>
Service types: Child Care = CC Respite Care = R Daily Living Skills = DLS Respite Group = RG Supportive Home Care = SHC Mentoring = M				Totals:	

I/We certify that the information provided on this form is a true and accurate statement of the services provided, that the services were provided in accordance with the care plan, and that the Client/Service Recipient was not hospitalized during the time services were provided. I/We understand that payment for services provided are subject to payroll taxes and that falsification of this timesheet is considered Medicaid fraud and may result in dismissal from employment and/or criminal prosecution.

Employee/Provider Signature _____ Date _____

Employer Representative/Parent Signature _____ Date _____

Timesheets must be submitted to BDS Fiscal within 60 days of service via one of the following methods:

Mail: 6102 W Layton Avenue, Greenfield, WI 53220 ♦ Fax: 414-329-4500
 Email: bdsfiscal@broadscope.org ♦ Text: 262-373-9870

*For questions concerning payroll matters or how to fill out this form, call BDS Fiscal at 414-329-4500.
 Refer to current payroll schedule for pay dates. BDS Fiscal is associated with Broadscope Disability Services, Inc.*