

John Doe  
Employee/Provider Name

Jane Smith  
Employer/Service Recipient (Child) Name

Pay Period: 1 / 20 / 19 to 2 / 2 / 19  
Sunday Saturday

Waukesha  
Employer/Service Recipient County of Residence

**•• ATTENTION ••**

- ONLY ONE PAY PERIOD PER TIMESHEET. TIMESHEETS MUST BE SUBMITTED WITHIN 60 DAYS OF SERVICE.
- ROUND TO NEAREST 15-MINUTE INCREMENT FOR HOUR TOTALS (15MIN = .25, 30MIN = .5, 45MIN = .75)
- TIMESHEETS RECEIVED AFTER THE DUE DATE ON THE PAYMENT SCHEDULE WILL BE PAID ON THE FOLLOWING PAY DATE.
- NEITHER BDS FISCAL NOR THE CLTS WAIVER PROGRAM ARE RESPONSIBLE FOR PAYING FOR HOURS SUBMITTED AFTER 60 DAYS OR HOURS THAT EXCEED THE NUMBER OF AUTHORIZED HOURS.

Date	Service	Start	End	# Hours	Full Day
1/22/19	R	3:30	6:30	3	
1/25/19	R	11:00	4:30	5.5	
1/31/19	DLS	12:15	2:30	2.25	
2/1/19	R	10:00	10:00		1
<b>Service types:</b> Child Care = CC Daily Living Skills = DLS			<b>Totals:</b> 10.75		1

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.

John Doe  
Employee/Provider Signature      2/15/19  
Date

Mary Smith  
Employer/Client/Representative Signature      2/15/19  
Date

**Timesheets may be submitted to BDS Fiscal via the following methods:**  
 Mail: 6102 W Layton Avenue, Greenfield, WI 53220 • Fax: 414-329-4500  
 Email: [bdsfiscal@broadscope.org](mailto: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.  
 BDS Fiscal is associated with Broadscope Disability Services, Inc.*