

Employee/Provider Name *(one per timesheet)*

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

Pay Period: \_\_\_\_\_ to \_\_\_\_\_

Employer/Service Recipient County of Residence

**ATTENTION**

- o BDS Fiscal will email the worker and the parent/supervisor log-in credentials to be used for all future timesheets, which will be electronic. That email will be sent after the worker's first pay date.
- o One pay period per timesheet.
- o Round to nearest 15-minute increment for hour totals (15min = .25 30min = .5 45min = .75).
- o Must have active authorization from county before we can process payroll.
- o Hours that exceed 40 per week (Sun-Sat), or hours that exceed the amount authorized will NOT be paid.

Date	Service	Start	End	# of Hours	Full Day
	Hourly	AM	AM		
	Daily	PM	PM		
	Hourly	AM	AM		
	Daily	PM	PM		
	Hourly	AM	AM		
	Daily	PM	PM		
	Hourly	AM	AM		
	Daily	PM	PM		
	Hourly	AM	AM		
	Daily	PM	PM		
	Hourly	AM	AM		
	Daily	PM	PM		
	Hourly	AM	AM		
	Daily	PM	PM		
	Hourly	AM	AM		
	Daily	PM	PM		
	Hourly	AM	AM		
	Daily	PM	PM		
<b>Service types:</b> Child Care Hrs - Individual = <b>CC</b> Personal Support = <b>PS</b> Child Care Hrs - Group = <b>CCG</b> Personal Support - Group = <b>PSG</b> Child Care Day = <b>CCD</b> Respite Care Hrs - Individual = <b>R</b> Child Care Day - Group = <b>CCDG</b> Respite Care Hrs - Group = <b>RG</b> Daily Living Skills = <b>DLS</b> Respite Day = <b>RD</b> Mentoring = <b>M</b> Respite Day - Group = <b>RDG</b>				<b>Totals:</b>	

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

**Print form to add signatures**

**Timesheets must be submitted to BDS Fiscal within 30 days of service.**

Mail: 6102 W Layton Avenue, Greenfield, WI 53220 ♦ Fax: 414-329-4510

Email: [bdsfiscal@broadscope.org](mailto:bdsfiscal@broadscope.org) ♦ Text: 262-373-9870

Refer to current payroll schedule for pay dates. BDS Fiscal is associated with Broadscope Disability Services, Inc.