



DDS CFC

Timesheet-ACR Financial Management Services

Fax to: 860-627-0330 or Toll-Free 866-598-2227
 Mail to: PO Box 509 East Windsor, CT 06088-0509



Check this box if you are revising a timesheet originally submitted

W-994 (New 5-18)

Part 1: Employee Information

Employee FIRST Name	
Employee LAST Name	
SSN(Last 4)	Pay Period Ending Date:

Part 2: Employer Information

Employer FIRST Name	
Employer LAST Name	
If you are a DDS participant then enter your DDS or Medicaid Number:	
DDS # here	

DSS SERVICES	Personal Care Assistance(CFC): PCA 24 Hour Per Diem(CFC): DIEM 12 Hour Overnight(CFC): OVER
DDS SERVICES	Individualized Home Support: I H S Individual Day Support: IND Adult Companion: COMP Independent Broker: INDB Personal Support: PS Respite Flat Rate (24hr): RES Respite Hourly Rate: RES2 Supported Employment Individual: SEI Individual Goods and Services Supervisor: IDGS Transportation: TRAN

Part III: Timesheet

YOU MUST OBTAIN YOUR EMPLOYER'S SIGNATURE BELOW

Week 1	Date Mo/Day	Service Code	Time IN		Time OUT		Time IN		Time OUT		Total Hrs
Sunday			AM <input type="checkbox"/>	PM <input type="checkbox"/>							
Monday			AM <input type="checkbox"/>	PM <input type="checkbox"/>							
Tuesday			AM <input type="checkbox"/>	PM <input type="checkbox"/>							
Wednesday			AM <input type="checkbox"/>	PM <input type="checkbox"/>							
Thursday			AM <input type="checkbox"/>	PM <input type="checkbox"/>							
Friday			AM <input type="checkbox"/>	PM <input type="checkbox"/>							
Saturday Ends Midnight			AM <input type="checkbox"/>	PM <input type="checkbox"/>							
WEEK 1 TOTAL HOURS											

Week 2	Date Mo/Day	Service Code	Time IN		Time OUT		Time IN		Time OUT		Total Hrs
Sunday			AM <input type="checkbox"/>	PM <input type="checkbox"/>							
Monday			AM <input type="checkbox"/>	PM <input type="checkbox"/>							
Tuesday			AM <input type="checkbox"/>	PM <input type="checkbox"/>							
Wednesday			AM <input type="checkbox"/>	PM <input type="checkbox"/>							
Thursday			AM <input type="checkbox"/>	PM <input type="checkbox"/>							
Friday			AM <input type="checkbox"/>	PM <input type="checkbox"/>							
Saturday Ends Midnight			AM <input type="checkbox"/>	PM <input type="checkbox"/>							
WEEK 2 TOTAL HOURS											

Progress Notes:	Bi-weekly IP or Service Plan Outcome progress note: What did you do for the hours you worked? Enter comments below-REQUIRED!

I certify that the information supplied above regarding hours worked and progress goals is accurate. I also certify that my employer was not an inpatient in a hospital, nursing facility, or other medical or non-medical institutional setting during this time period.

I certify that this time sheet was completed in full BEFORE I signed it and that the above information regarding hours worked and progress goals is accurate. I also certify that I was not an inpatient in a hospital, nursing facility, or other medical or non-medical institutional setting during this time period.

Employee Signature

Date

Employer Signature

Date