



TIME SHEET
 Division of Developmental Disabilities
**SERVICE VERIFICATION
 & ATTENDANCE RECORD**

FOR THE MONTH	20_____
Client Name	
Provider Name	

DATES		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
A	HOUR SERVICE BEGAN															
B	HOUR SERVICE ENDED															
C	PROVIDER MILEAGE															
D	CLIENT DAILY INITIALS															
E	WINDSHILED TIME															
TOTALS																
DATES		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
A	HOUR SERVICE BEGAN															
B	HOUR SERVICE ENDED															
C	PROVIDER MILEAGE															
D	CLIENT DAILY INITIALS															
E	WINDSHILED TIME															
TOTALS																

Client or Parent/Guardian Signature	Date
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INSTRUCTIONS

- A. Enter time service began—indicate AM or PM as appropriate.
- B. Enter time service ended—indicate AM or PM as appropriate.
- C. Provider Mileage: Enter miles traveled to/from the client for the purpose of providing service when authorized per SSPS .
- D. Client Daily Initials: Client or Parent/Guardian initials in this box to verify hours worked each day.
- E. Windshield Time: All miles traveled from one client home directly to another client home; noted on timesheet of client whose home you are traveling to.
- E. Maintain completed verification forms in your records for six (6) years. *Copies may be requested by DDD/DSHS.*

½ Monthly Totals
HOURS
MILES
½ Monthly Totals
HOURS
MILES
Monthly Totals
HOURS
Windshield Time