

**Please fax this form to (480) 445-9930 no later than Monday at 10:00am.**

**NOTE:** Falsification of time sheets will result intermination. Print all information clearly – Illegible and incomplete information or late submission of time sheets WILL delay payment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provider Name (Last, First, MI)**

Week of

\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/2016

through

\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/2016

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Name (Last, First, MI)**



**DDD VISIT NOTE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **SUN** | **MON** |  | **TUES** |  | **WED** |  | **THUR** | **FRI** | **SAT** |  |
|  | Date: |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Time in: |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Time out: |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Total Hours for |  |  |  |  |  |  |  |  |  |  |  |
|  | Habilitation: |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Grand Total for HABILITATION Hours Worked:** |  |  |
|  |  |  |  |  |  |  |  |  | (add up all HAB hours) |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **SUN** | **MON** |  | **TUES** |  | **WED** |  | **THUR** | **FRI** | **SAT** |  |
|  | Date: |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Time in: |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Time out: |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Total Respite |  |  |  |  |  |  |  |  |  |  |  |
|  | Hours: |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Grand Total for RESPITE Hours Worked:** |  |  |
|  |  |  |  |  |  |  |  |  | (add up all RESPITE hours) |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **SUN** | **MON** |  | **TUES** |  | **WED** |  | **THUR** | **FRI** | **SAT** |  |
|  | Date: |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Time in: |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Time out: |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Total Attendant |  |  |  |  |  |  |  |  |  |  |  |
|  | Hours: |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Grand Total for ATTENDANT Hours Worked:** |  |  |
|  |  |  |  |  |  |  |  |  | (add up all ATC hours) |  |  |
|  |  | **Grand Total for HABILITATION, RESPITE AND ATTENDANT Hours Worked:** |  |  |
|  |  |  |  |  |  |  |  |  | (add up all TOTAL hours) |  |  |
|  | **Employee Signature/Title:** |  |  |  |  |  |  |  | **Date:** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Responsible Party Signature\*:** |  |  |  |  |  |  |  | **Date:** |  |  |
|  |  |  |  |  |  |
|  | \*Please do not sign until the end of the week and the ***DDD Visit Note*** is fully complete. |  |  |  |  |
|  |  |  |  | **Questions? Call (480)444-7788** |  |  |  |  |

Alarys DDD Visit Note, Revised 12/2015