

TARC Self-Determination (SD) **Timesheet** -Personal/Attendant Care for **Day** for Beneficiary (first & last): _____

MONTH: _____ 2020

Pay Period From: _____ through _____

Staff First & Last Name: _____

DATE (mm/dd/yy)	DAY SUPPORTS Time In (AM/PM)	Total Hours	TARC STAFF ONLY	Description	Description of Service	Description	Location of Day Service (s)
				V = Volunteer Recreation W = Work S= Social SH=Shopping	A = Appointment MA = Medication Admin. T=Therapies E=Exercise M=Ambulation/Mobility	C = Cleaning M = Meal Prep H = Personal Hygiene MM=Money Mgmt	
<i>EXAMPLE:</i> 01/01/11	9:00 AM 10:00: AM	3		R & SH	A & MA	C & H	exmple: library
Total Hours worked							

Staff Signature: _____	Date: _____				TARC STAFF ONLY:	DAY SUPPORTS:
Designee/Beneficiary Signature _____	Date: _____				SD Initials: _____	This Employee Hrs: _____
Staff may not also sign as designee/beneficiary. Notify TARC if beneficiary cannot sign and there is not a designee					SD Date: _____	Beneficiary Total Units: _____