

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

MONTH: 2020

Pay Period From: _____ through _____ Staff First & Last Name: _____

DATE (mm/dd/yy)	Residential Time In & Out (AM/PM)	Total Residential Hours	DAY SUPPORTS Time In (AM/PM)	Total Day Supports Hours	Total Hours	TARC Staff Only	Description V = Volunteer R= Recreation W = Work S= Social SH=Shopping	Description of Service A = Appointment MA = Medication Admin. T=Therapies E=Exercise M=Ambulation/Mobility	Description C = Cleaning M = Meal Prep H = Personal Hygiene MM=Money Mgmt	Location(s) of Day Services
<i>EXAMPLE:</i> 01/01/11	7:00 AM 9:00 AM	2	9:00 AM 10:00: AM	1	3		R & SH	A & MA	C & H	example: Library
Total Hours worked										

Staff Signature: _____ Date: _____

Designee/Beneficiary Signature _____ Date: _____

Staff may not also sign as designee/beneficiary. Notify TARC if beneficiary cannot sign and there is not a designee

TARC Staff ONLY: RESIDENTIAL DAY

SD Initials: _____ This Employee Hrs: _____

SD Date: _____ Beneficiary Total Units: _____