TARC Self-Determination (SD) *Timesheet* - Personal/Attendant Care for *Residential Services* 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	TARC Staff Only	Description V = Volunteer R= Recreation W = Work S= Social SH=Shopping	Description of Service A = Appointment MA = Medication Admin. T=Therapies M=Ambulation/Mobility E=Exercise	Description C = Cleaning M = Meal Prep H = Personal Hygiene MM=Money Mgmt
EXAMPLE: *01/01/12*	*7:00 AM* *9:00 AM*	*2*		*R & SH*	*A & MA*	*C & H*
	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:

SD Initials: _____

SD Date:

RESIDENTIAL:

This Employee Hours: _____

Beneficiary Total Units: