

EPSDT-PCS

EVV MANUAL ENTRY FORM

DREAM TEAM OF LA, INC.

DUE MONDAY

42334 Deluxe Plaza, Suite 3, Hammond, La 70403

985-340-3958 office, 985-340-3961 fax, 877-406-3958, Office Time: Mon – Fri 8am – 4pm

Documenting Time: Check in/out using EVV. Write date, time in/out for each shift. Client/Authorized Rep must sign time sheet. Time Sheets are due Mondays by 4pm. Time Sheets must remain in the home book until it's time to submit to the office. Progress notes must be completed for each shift worked. If an emergency occurs, first ensure client's safety then call office and document in progress notes and Critical Incident Report. No white out.

EMPLOYEE NAME: (PRINT ONLY)	
CONSUMER NAME:	

DAY OF WEEK	DATE	START TIME	END TIME	START TIME	END TIME	REASON FOR NOT CLOCKING IN / OUT	TOTAL HOURS
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
TOTAL HOURS							

EMPLOYEE SIGNATURE:	DATE:
CONSUMER SIGNATURE:	DATE:
PROGRAM REPRESENTATIVE:	DATE:
ACCOUNTS PAYABLE:	DATE:
ACCOUNTS RECEIVABLE:	DATE:

I understand that above hours are true and correct and have been approved by the Consumer/Agency. I understand that time sheets that are late and/or incomplete will be delayed for payroll processing.

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DUE MONDAY

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CLIENT: _____ **DSW:** _____

Initial all tasks completed.

SUNDAY **Place of Service** X **Home** _____ **Community (medical appts.)**
Date _____ _____ Eating _____ Bathing _____ Dressing _____ Grooming
ADL/IADLS: _____ Toileting _____ Household _____ Meal Prep _____ Medical Appts.

MONDAY **Place of Service** X **Home** _____ **Community (medical appts.)**
Date _____ _____ Eating _____ Bathing _____ Dressing _____ Grooming
ADL/IADLS: _____ Toileting _____ Household _____ Meal Prep _____ Medical Appts.

TUESDAY **Place of Service** X **Home** _____ **Community (medical appts.)**
Date _____ _____ Eating _____ Bathing _____ Dressing _____ Grooming
ADL/IADLS: _____ Toileting _____ Household _____ Meal Prep _____ Medical Appts.

WEDNESDAY **Place of Service** X **Home** _____ **Community (medical appts.)**
Date _____ _____ Eating _____ Bathing _____ Dressing _____ Grooming
ADL/IADLS: _____ Toileting _____ Household _____ Meal Prep _____ Medical Appts.

THURSDAY **Place of Service** X **Home** _____ **Community (medical appts.)**
Date _____ _____ Eating _____ Bathing _____ Dressing _____ Grooming
ADL/IADLS: _____ Toileting _____ Household _____ Meal Prep _____ Medical Appts.

FRIDAY **Place of Service** X **Home** _____ **Community (medical appts.)**
Date _____ _____ Eating _____ Bathing _____ Dressing _____ Grooming
ADL/IADLS: _____ Toileting _____ Household _____ Meal Prep _____ Medical Appts.

SATURDAY **Place of Service** X **Home** _____ **Community (medical appts.)**
Date _____ _____ Eating _____ Bathing _____ Dressing _____ Grooming
ADL/IADLS: _____ Toileting _____ Household _____ Meal Prep _____ Medical Appts.

DSW Signature/ Date

Client / Authorized Representative