

## **245D Timesheet & Log Notes**

				Client Name:					
VISI	T INFORMATI	ON	☐ ICLS ☐ Resp						
VISI			VISI	VISIT 1		IT 2	Daily		
	Day	Date	Time In	Time Out	Time In	Time Out	Total		
_	MON		☐ AM ☐ PM	☐ AM ☐ PM	□ AM □ PM	□ AM □ PM			
	TUE		☐ AM ☐ PM	☐ AM ☐ PM	□ AM □ PM	□ AM □ PM			
	WED		□ AM □ PM	□ AM □ PM	□ AM □ PM	□ AM □ PM			
	THU		□ AM □ PM	☐ AM ☐ PM	□ AM □ PM	☐ AM ☐ PM			
	FRI		□ AM □ PM	☐ AM ☐ PM	□ AM □ PM	□ AM □ PM			
	SAT		□ AM □ PM	□ AM □ PM	□ AM □ PM	□ AM □ PM			
	SUN		□ AM □ PM	□ AM □ PM	□ AM □ PM	□ AM □ PM			
<u>,                                      </u>						Week 1 Total			
	Day Date		VISI	VISIT 1		VISIT 2			
	Day	Date	Time In	Time Out	Time In	Time Out	Total		
	MON		□ AM □ PM	□ AM □ PM	AM   PM	☐ AM ☐ PM			
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	SUN		□ AM □ PM	□ AM □ PM	□ AM □ PM	□ AM □ PM			
						Week 2 Total			
		nd Required Signatures							
		efore signing. It is a crime to proformed by the DSP listed.	vide false information on billings	for Medical Assistance payme	nts. By signing you swear and ve	rify the time/services entered a	re accurate and		
CL	IENT NAME (FIRS	Γ&LAST)	DOB	CLIE	NT/RESPONSIBLE PARTY SIGN	NATURE DATE			
I declare under the penalty of perjury that all hours worked, and descriptions of work performed contained in the submitted shifts are true and correct. It is a crime to provide false information on billings for Medical Assistance payments.									
	P NAME (FIRST& I		DSP PHON	E NUMBER DSP S	SIGNATURE	DATE			

You are required to record daily log notes on Page 2. Please note that daily log documentation is mandated under Minn. Stat. 245D.095, Subd. 3(b)(11). Shifts recorded without daily log notes will not be processed for payment.

Log Notes →

## **Log Notes**

LOG NOTES (WEEK 1)

	Day Day	Date	
	MON		
	TUE		
-	WED		
WEEK 1	THU		
	FRI		
	SAT		
	SUN		

LOGN	OG NOTES (WEEK 2)					
	Day	Date				
	MON					
	TUE					
1	WED					
WEEK 1	THU					
	FRI					
	SAT					
	SUN					