DOCUMENTATION OF SERVICES DELIVERED - CDS											
Bi-Weekly		*You may email timesheets to cds@cdsintexas.com or reference the pay schedule for the appropriate fax number to send in your timesheet									
CDS in Texas		Consumer Name:							Program Selection (Please Circle)		
		Employer Name:							TxHml CLASS PHC DBMD STAR Plus HCS STAR Kids(MDCP) STAR Kids(PCS)		
in lexas		Service Provider Name:							Type of Service (Please Circle) Transportation Intervener Intervener I, II, III Value Add Respite Other		
	Option 1 Narrative - Timesheet E 24 HOUR TIME: 8:00 A.M OR 20:00 FOR 8:00 P.M. Enter 12:00 AM as 00:00							Pay Period Number:			
	051	24 HOUR TIME	:: 8:00 A.W OR	20:00 FOR 8:00	J.P.M. Enter 12:0	00 AM as 00:00		TOTAL			
DATE	DAY	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL TIME	COMMENTS / NARRATIVE	Service:	
	Sunday									Hours Vacation	
	Monday									Hours Sick	
	Tuesday									Hours Holiday	
	Wednesday									Bonus	
	Thursday									Other	
	Friday										
	Saturday										
	Sunday									FMSA Agency Only	
	Monday									Date Processed:	
	Tuesday										
	Wednesday									By Whom:	
	Thursday										
	Friday										
	Saturday									FMSA Comments	
Total Payroll / Pay Period Hours Delivered:											
Was the consumer hospitalized or in an medical care facility during this pay period? Please list dates:											
Employer and Employee here by certify that the work hours listed above are accurate, that the services provided are in accordance with the current tasks authorized and the services were NOT provided while the consumer was in the hospital, nursing home, or the Medicaid-reimbursed healthcare facility. I understand that falsification of this time sheet is considered Medicaid Fraud, and may result in dismissal from the program and criminal prosecution.											

Date

Date

Employer or DR Signature

Service Provider Signature