GT Independence
Self Directed Timesheet

Agency Code:_____

Member Name:_____
(Print)

Employee Name:_____
(Print)

Period Begin:_____ Period End:_____

Fax to GT Independence:
855-329-8648

Service Codes:
T1019 - Personal Care
S5135 - Adult Companion Care
S5125 - Attendant Care
S5130 - Homemaker Service
S9124 - Intermittent & Skilled Nursing

Date	Service Code 1			Service Code 2			Service Code 3		
Mo/Day	In (am/pm)	Out (am/pm)	Total Hrs	In (am/pm)	Out (am/pm)	Total Hrs	In (am/pm)	Out (am/pm)	Total Hrs
Totals:									

This timesheet shows the correct service and the correct number of hours that I have provided care to the participant during this time period.

Signature of Direct Service Worker _____ Date: _____

This timesheet shows the correct service and the correct number of hours that my direct service worker has provided care to me during this time period.

Signature of Participant/Representative _____ Date: _____

Please note that direct service workers are NOT allowed to work more than **40 hours** per **week**.