Alamo Consumer Direct

Phone: 512-420-0832, Toll Free: 1-877-903-0832
Toll Free Fax: 1-877-652-0877

8701 Shoal Creek Blvd, Suite 303
Austin TX 78757-6809

Consumer Directed Services

Service Delivery Log with Written Narrative/Written Summary

Texas Department of Aging and Disability Services
Form 1745-compliant

Employee Name	**Consumer Name**

Time sheet due date: If faxed or dropped off, time sheets are due at the Consumer Direct office by Monday (at midnight) following the week of service. If mailed, they must be postmarked by Monday following the week of service. Late time sheets will result in late pay.

Check Program: ☐ DBMD ☐ CBA ☐ CLASS ☐ HCS ☐ PCS ☐ PHC ☐ TXHML

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Service Date (mm/dd/yy)							
Service Code							
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							
Daily Total							

NOTE: Time sheets must be signed AFTER the work is completed. Advance time sheets will not be accepted. **Total Weekly Hours**

Service Date (mm/dd/yy)	**Place of Service**	**Written Narrative/Summary**

Employee/Consumer: I certify that the work hours listed above are accurate, and that services were provided in accordance with the Employee Work Schedule and Assigned Tasks (DADS 1731). I understand that falsification of this time sheet is considered Medicaid Fraud and may result in dismissal from the program and criminal prosecution.

Employee Signature **Date**

Consumer Signature **Date**