Pacific Homecare Services

Respite Services Monthly Timecard
Form 1811 PH (Rev. 12/17/2008)

Respite Services Monthly Timecard

Instructions to the Respite Providers: Please complete, sign, and submit the timecard to **Pacific Homecare Services** by the ***2nd*** *of every month for services provided the previous month*. Payment for respite services will be made by the 20th of every month. If timecards are **not** received by the ***2nd*** *of the month*, payment for services will be processed in the following monthly cycle. *NO EXCEPTIONS*. Timecards can be submitted **by mail**: Pacific Homecare Services, 2027 Grand Canal Blvd., Suite 27, Stockton, CA 95207-6650, **by fax:** (209) 956-2585, or **by e-mail:** accounting@phrespite.com. *Please use one form for each consumer.*

Instructions to Parents/Guardians: Please confirm that all information is accurate and sign timecard.

If you have **ANY** questions regarding billing, ***do not*** contact VMRC. Please contact **Pacific Homecare Services** at (209) 956-2532.

-Use blue or black ink and print clearly–

Consumer Name: _____ **UCI No.** _____
Last *First*

Respite Provider: _____ **Provider I.D.:** _____
Last *First*

For Services Provided: (Month) _____ **(Year)** _____

Date of Services (MM / DD /YY)	Start Time	End Time	# Hours worked
Example: 06/17/2006	2:00 p.m.	4:30 p.m.	2.5
PHS INTERNAL USE			
_____ **Authorized Hours per** _____ **Regional Ctr.**		**TOTAL HOURS**	
Authorization No. _____ **Code** _____			
Start: _____ **End:** _____			

I certify that I gave respite services to the consumer listed on this form at the dates and times shown. I understand if I knowingly give information that is untruthful, I will be liable.

I certify that the information provided on this form is true. I understand if I knowingly give information that is untruthful, I will be liable.

_____ _____
Respite Provider Signature *Date*

_____ _____
Parent/Guardian Signature *Date*