



# Guthrie Mainstream Services

## Individual Member Timesheet

Pay Period: \_\_\_\_\_

Page: \_\_\_\_\_ of \_\_\_\_\_

Provider Name: \_\_\_\_\_ Member Name: \_\_\_\_\_

Member ID: \_\_\_\_\_ Field Manager: \_\_\_\_\_ PPL: \_\_\_ FOCUS: \_\_\_

Service Codes:	ATC = Attendant Care	HAH = Habilitation	RSP = Respite
Location Codes:	AC = Ability Center	DC = Discovery Center	EC = Extension Center
LC = Learning Center	HCBS = Home /Community Based	CH = Certified Home	ADH/CDH = Adult/Child Foster Home

Date	Time In AM/PM	Time Out AM/PM	ATC 1-1	ATC 1-2	ATC 1-3	HAH 1-1	HAH 1-2	HAH 1-3	RSP 1-1	RSP 1-2	RSP 1-3	Location Code	Responsible Person's Initials
<b>Totals</b>													

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GMS Administration: \_\_\_\_\_ Date: \_\_\_\_\_

**Do not initial and/or sign until after services have been provided. By signing, the provider and responsible person certify the hours of service are correct. Billing document must be legible and accurate for payment to be made. Services can only be provided to the individual listed on the authorization form. Guthrie Mainstream Services is not responsible to pay for services provided in excess of those authorized for this individual. Use blue or black ink only. Do not use white out and/or cross out information.**