CHOICE Home Care

Timesheets can be downloaded & printed at **www.choicecarepartners.com**
Submit timesheet by fax, mail, in person, or scan & email to **timesheets@choicecarepartners.com**

16909 Parthenia Street #303 North Hills, CA 91343 Tel. (818)894-4151 ~ Fax. (818)894-4947

Caregiver Name:_____

Phone Number:_____

List only NEW Contact Information Below:

New Address: _____

_____

New Phone: _____

Time Card In By:	**Check Mailed By:**
1st of the month	7th of the month
16th of the month	21st of the month

Timesheets are due by 5pm on the due dates.

Checks that are not picked up by 2pm on payday will be mailed to the current address on file.

For confidentiality please use one timesheet per family

Date (mm/dd/yr)	Start Time (AM/PM)	End Time (AM/PM)	Total Hours	Name of Client	Parents Signature (Must sign every line- NO INITIALS)

Total Hours:_____

All signed timesheets are due within 30 days of delivery of service.
Timesheets are due by 5pm on the due dates.

I certify that the hours shown above represent my total hours worked and that they were properly verified by the client or by an authroized representative I understand that unsigned timesheets will be returned without a paycheck.

Caregiver Signature_____