DON Services EVV Corrective Timesheet

Attendant Name: ________________________________
Consumer: _____________________________________
Pay Period: _____________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
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Daily Activities:

- Bathing
- Hair Care
- Dressing
- Lotion App.
- Meal Prep.
- Asst. Eat/Drink
- Laundry
- Housekeeping
- Shopping
- Medication Mgmt.
- Read/Write
- Personal Poss.
- Social/Leisure
- Telephone Asst.
- Transportation

- Appt. Scheduling
- Seasonal Clothing
- Prosthetic Device
- Ambulating
- Range of Motion
- Supervised Walks
- Cueing
- Toileting
- Bowel Mgmt.
- Transfers
- Incontinence Care
- Other

Attendant Signature: __________________ Date: __
Consumer Signature: __________________ Date: __

My signature certifies that I have received and am satisfied with the services or items on the dates listed above. I understand that payment for these services or items will be from State and Federal funds, and that any false claims, statements, documents, or concealments of material facts may be prosecuted under applicable State and Federal laws.