Consumer Direct Care Network AllCare
60 E. McDermott Drive, Suite B
Allen, TX 75002
Phone: 1-877-533-1407
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Consumer Directed Services

Service Delivery Log with Written Narrative/Written Summary

Texas Health and Human Services
Form 1745-compliant

Employee Name	**Participant Name**	**Employer Name**
Employee ID#	**Participant ID#**	**Service Type** (check one box) ☐ Attendant ☐ Behavioral Health ☐ CFC (PAS/HAB) ☐ Hab ☐ LVN ☐ PAS ☐ PS ☐ Respite ☐ RN ☐ Other: _____
Plan (check one box, if applicable) ☐ Star ☐ StarHealth ☐ StarKids ☐ StarPlus	**Program** (check one box) ☐ CFC ☐ CLASS ☐ HCS ☐ MDCP ☐ PCS ☐ TxHmL ☐ Waiver ☐ Non-Waiver	

Time sheet due date: If faxed or dropped off, time sheets are due at the AllCare 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.

	Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Service Date (mm/dd/yy)							
Time In	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Time Out	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Time In	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Time Out	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Time In	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Time Out	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
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/Employer: I certify that the work hours listed above are accurate, that services were provided in accordance with the Employee Work Schedule and Assigned Tasks (HHS 1731), and that services were NOT provided while the Participant was in a hospital, nursing home or other Medicaid-reimbursed healthcare facility. I understand that falsification of this time sheet is considered Medicaid Fraud and may result in dismissal from the program and criminal prosecution. I also understand and agree that I must submit time sheets by Monday at midnight of the following week. Late time sheets will result in late pay. Time sheets submitted later than 45 days after the date of service may result in the employer being fully responsible for payment due to billing requirements.

Employee Signature _____ **Date** _____ **Employer Signature** _____ **Date** _____