DECENT HOME CARE, LLC

TIN: 84-2356805 Provider Id: 103694857-0001

EVV MISSED PUNCH IN/ PUNCH OUT FORM

Direct Care Worker's Name	Participant's Name:
Last 4 digits SSN:	Medicaid Id:
Date of Service:	Start Time: End Time:
Service Location:	Total Hours:

ACTIVITIES PERFORMED

Duty of Code	Activities	Performed		Duty of Code	Activities	Performed	
		Yes	No			Yes	No
115	Meal Preparation			204	Bath-Tube		
116	Housework/Chore			205	Bath-Shower		
117	Managing Finance			206	Bed-Bath		
118	Managing Medication			208	Mouth Care/Denture		
119	Shopping			209	Hair Care		
120	Transportation			210	Grooming-Shave		
122	Hygiene			211	Grooming-Nails		
123	Dressing upper			214	Skin Care		
124	Dressing Lower			215	Foot Care		
125	Locomotion			216	Toileting-commode		
126	Transfer			221	Prepare Breakfast		
127	Toileting			222	Prepare Lunch		
128	Bed Mobility			223	Prepare-dinner		
129	Eating			224	Prepare Snack		
130	Bladder/Incontinence			225	Assist with feeding		
131	Bowel Incontinence			226	Record intake- Food		
132	Personal Care T1019			227	Record Intake-fluid		
134	Bathing			228	Transferring		
137	Lotion/Ointment			229	Assist with walking		
138	Laundry			232	Range of Motion		
139	Reading/Writing			233	Turning and Positioning		
140	Supervision/Coaching/Cueing			244	Remind to take Medication		
141	Incontinence Care			247	Change bed linen		
142	Catheter Care			249	Light Housekeeping		
143	Wound Care			250	Clean Bathroom		
144	G-Tube Feeding			256	Assist with exercise		
145	Stair			257	Monitor Patient Safety		
201	In person			265	Safe Transfer Precaution		
202	Phone Use			266	Other Helps		

Direct Care Worker: By signing this form, I acknowledged that the hours I missed for Punch In/ Punch Out shown in this form are true and correct and the work was performed according to the Participant's plan of Care.

Direct Care Worker's Signature: _____ Date: _____

Consumer Note: By signing this timesheet, I agree that I have received care as per the plan of care:

Participant's Signature: _____ Date: _____

Provider's Signature: _____ Agency Role: _____ Date: _____

Reasons code: ☐ Internet Problem ☐ Attendant call in or call out of the Evv system early or late.
☐ Attendant fail to call In ☐ Attendant fail to call Out ☐ EVV system Down Data entry error.
☐ Attendant unable to use the mobile device ☐ Address did not link to the client (GPS)
☐ Attendant fail to call in and call out ☐ **Others**: _____