

# Consumer Directed Care Services (CDC)

Payroll Period From:  /  /  To:  /  /

Consumer #:  Telephone #:

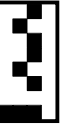
Consumer Name (Print):

Worker Name (Print):

Worker Telephone #:

Worker Last 4 Digits of SSN

46409



WEEK #1	Time In			Time Out			Total Hours		
	HRS	MIN		HRS	MIN		HRS	MIN	
Sun.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
Mon.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
Tue.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
Wed.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
Thu.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
Fri.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
Sat.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			

WEEK #2	Time In			Time Out			Total Hours		
	HRS	MIN		HRS	MIN		HRS	MIN	
Sun.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
Mon.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
Tue.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
Wed.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
Thu.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
Fri.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
Sat.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM			

**Total Week 1** Please note that Tempus pays the Worker based on daily, not weekly, totals.  :

**Total Week 2** Please note that Tempus pays the Worker based on daily, not weekly, totals.  :

By signing below, I certify under pain and penalty of perjury that I have received Consumer Directed Care services from the CDC Worker during the times described on this activity form; and I am not enrolled in any other duplicative services.

By signing below, I certify under pain and penalty of perjury that I have provided Consumer Directed Care services to the consumer during the times described on this activity form.

**Consumer/Surrogate Signature**

**Worker Signature**