IN-ROADS ROUTINE RESPITE

EMPLOYEE must complete this time card; sign and date- **IN INK** **VENDOR** must verify dates of service, and sign Date below and return this form to the regional center along with the signed Provider Care Clain. Payment cannot be made without proper completion and receipt of this timecard attached to the invoice / claim.

EMPLOYEE MUST COMPLETE ALL INFO

(PLEASE PRINT)

CLIENT NAME	RESPITE SITE: ADDRESS/CITY/ZIPCODE
NAME OR VENDOR: ADDRESS: Telephone#:	IN-ROADS 7955 Webster St. Suite 14 Highland CA. 92346 (909) 864-1557
NAME OF EMPLOYEE: (PLEASE PRINT)	

Date of Service: Month / Day / Year	Starting Time: A.M. / P.M (Round to nearest ¼ hour.	Ending Time: A.M. / P.M (Round to nearest ¼ hour.	Total Hours	Client Parent /Guardian Signature

TOTAL HOURS:_____

I certify that I provided non-medical "in-home" respite services to the client at the respite site indicated above and that the Hours shown above represent the total hours worked during the month.

_____

EMPLOYEE SIGNUTURE/ TITLE DATE SIGNED

I certify that the employee complete the above time card was employed trained, monitored, and assigned all duties solely by me. I further certify that the hours shown are correct that the Employee regularly performed satisfactorily, and met the TERMS and conditions set forth in the vendor regulations.

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VENDOR SIGNUTURE/TITLE DATE SIGNED