



Connection to Care Veteran Directed Home Based Community Services
VDHCBS TIMESHEET

Use these timesheets to send in your worker's time. Make copies of the timesheets because we will not be sending timesheets out every month with the paycheck. If you use your last timesheet, please contact your Connection to Care Social Worker, Care Manager or nurse. TIMESHEETS MUST BE MAILED OR FAXED AS SOON AS THE TIME PERIOD ENDS. DO NOT BOTH MAIL AND FAX THE SAME TIMESHEET. A TIMESHEET IS VALID ONLY IF RECEIVED AFTER SERVICES ARE PROVIDED.

IMPORTANT: If Palco confirms a check was mailed but not received this is the procedure that will be followed:

Participant's check: The checks are mailed to the address of the participant or to the participant's legal guardian or representative as the case may be. The participant or the participant's legal guardian or representative is responsible for providing change of address to Palco and to the Veteran Directed Home Based Community Service Coordinator so that the participant's check arrives to the intended address.

Employee's check: The participant or the participant's guardian/representative is responsible for providing changes of address to Palco and to the Veterans Directed Home Based Community Services Coordinator so that the participant's employee's check arrives to the intended address. If this information was provided but Palco sent the check to the wrong address, Palco will pay for the stop payment. If Palco was not informed of the change of address the Participant will pay for the stop payment. PLEASE ALLOW THE POSTAL SERVICE 4 DAYS FOR DELIVERY BEFORE CALLING ABOUT YOUR CHECK (866-710-0456).

THE STOP PAYMENT FEE IS \$30.00. PLEASE NOTIFY YOUR Veterans Directed Based Community Services Coordinator IMMEDIATELY UPON ADDRESS CHANGE OF PARTICIPANT OR PERSONAL ASSISTANT.

Participant Name: Palco ID:

Employee Name: Month:

Use this timesheet for the 1st to 15th Payroll only (Check will be mailed on the 23rd of the current month)

Table with 16 columns (Date 1-15) and 4 rows (Time In, Time Out, # of Hours Worked)

TOTAL HOURS:

Use this timesheet for the 16th thru end of the month Payroll (Check will be mailed on the 8th of the next month)

Table with 16 columns (Date 16-31) and 4 rows (Time In, Time Out, # of Hours Worked)

TOTAL HOURS:

Your signature authorizes that these hours were actually worked. If you sign this timesheet and the hours were not actually worked, you are committing fraud and the funds will be subject to repayment to the VA Connection to Care Diversion program.

Participant/Representative Signature Date Employee Signature Date

MAIL TO: VA Connection to Care-Palco P.O. Box 242930 Little Rock, AR 72223
FAX: (501) 821-0045 (PLEASE DO NOT BOTH MAIL AND FAX THE SAME TIMESHEET)
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