



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**

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).**

Participant Name: _____ Palco ID: _____

Employee Name: _____ Month: _____

Use this timesheet for the 1st to 15th Payroll only

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Time In	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	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	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
# of Hours Worked															

Total Hours: _____

Use this timesheet for the 16th thru end of the month Payroll

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time In	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	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	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
# 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/Employer Signature _____

Date _____

Employee Signature _____

Date _____

**Please return this form to Palco via email: timesheets@palcofirst.com
 or via fax to 1.877.859.8757 or mail to: VA Connection to Care –
 Palco, P.O. Box 242930, Little Rock, AR 72223**