PHONE: 913-599-2221
FAX: 913-599-5660
1-866-599-2221
office@anotherday.info

Another Day
giving families hope for a better day, every day

ANOTHER DAY, INC
11802 W. 77th St.
Lenexa, KS 66214

Missouri

Consumer Name: _____ (Print Name)

Month: _____ **Year:** _____

PCA Name: _____ (Print Name)

PCA Phone: _____

PERSONAL CARE ATTENDANT														RESPITE CARE							
Day	IN	am	pm	OUT	am	pm	IN	am	pm	OUT	am	pm	TOTAL	Dressing / Toileting / Transfer / Assist/Meal / Feeding / Oversee Meds / Exercising / Housekeeping / Behavioral Skills / Home Skills / Comm. Integration / Transportation / Recreation / Other	Parent/Guardian Initials	IN	am	pm	OUT	am	pm	TOTAL	Day
1																							1
2																							2
3																							3
4																							4
5																							5
6																							6
7																							7
8																							8
9																							9
10																							10
11																							11
12																							12
13																							13
14																							14
15																							15
				GRAND TOTAL										Place Provider initials in the box under appropriate activities					GRAND TOTAL			

Consumer & PCA Name		AM/PM	
Month & Year		Initials in Job Duties	
Hours PCA/Respite		Signatures	
Progress Reports			

Did you double check your timesheet?

Parent /Guardian: _____ (Signature of adult signing on behalf of Consumer named above) | _____ (Print Name) | _____ (Date)

I certify that the above information is correct.

OR

Consumer/Third Party: _____ (Consumer Signature OR Third Party signature verifying Parent Provider) | _____ (Print Name) | _____ (Date)

PCA Signature _____ (Provider Signature)

I certify that the above information is correct.

Office use ONLY
Timesheet _____ System _____ Double check _____ PR _____

Time sheets are due the 20th of this month!

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11802 W. 77th St.
Lenexa, KS 66214

Missouri

Consumer Name: _____ (Print Name)

Month: _____ **Year:** _____

PCA Name: _____ (Print Name)

PCA Phone: _____

PERSONAL CARE ATTENDANT | **RESPITE CARE**

Day	IN	am	pm	OUT	am	pm	IN	am	pm	OUT	am	pm	TOTAL	Dressing	Toileting	Transfer	Assist/Meal	Feeding	Oversee Meds	Exercising	Housekeeping	Behavioral Skills	Home Skills	Comm. Integration	Transportation	Recreation	Other	Parent/Guardian Initials	IN	am	pm	OUT	am	pm	TOTAL	Day
16																																				16
17																																				17
18																																				18
19																																				19
20																																				20
21																																				21
22																																				22
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26																																				26
27																																				27
28																																				28
29																																				29
30																																				30
31																																				31
								GRAND TOTAL						Place Provider initials in the box under appropriate activities.																				GRAND TOTAL			

Consumer & PCA Name		AM/PM	
Month & Year		Initials in Job Duties	
Hours PCA/Respite		Signatures	
Progress Reports			

Did you double check your timesheet?

Parent /Guardian: _____ (Signature of adult signing on behalf of Consumer named above) | _____ (Print Name) | _____ (Date)

I certify that the above information is correct.

OR

PCA Signature: _____ (Provider Signature)

I certify that the above information is correct.

Consumer/Third Party: _____ (Consumer Signature OR Third Party signature verifying Parent Provider) | _____ (Print Name) | _____ (Date)

Office use ONLY
Timesheet _____ System _____ Double check _____ PR _____

Time sheets are due the 5th of the following month!