WALI HOME CARE

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WEEKLY EVV TIMESHEET

Direct Care Worker / Personal Assistance Services

Participant name

Participant / Medicaid ID

Week ending (Saturday)

Authorization #

Caregiver / DCW name

Employee ID / last 4 SSN

Service address

Day	Date	Start	End	Total	EVV method	Visit / confirmation ID	Services / notes
Sunday					☐ Mobile ☐ Phone ☐ Manual		
Monday					☐ Mobile ☐ Phone ☐ Manual		
Tuesday					☐ Mobile ☐ Phone ☐ Manual		
Wednesday					☐ Mobile ☐ Phone ☐ Manual		
Thursday					☐ Mobile ☐ Phone ☐ Manual		
Friday					☐ Mobile ☐ Phone ☐ Manual		
Saturday					☐ Mobile ☐ Phone ☐ Manual		

EVV exception / correction note (if applicable)

Weekly total hours

Units

☐ EVV records verified ☐ Manual entries have supporting documentation ☐ No service this week

WEEKLY VERIFICATION

By signing below, we confirm that we have reviewed the services, dates and times recorded above and that they are accurate.

Caregiver / DCW name

Caregiver signature

Date

Telephone

Participant / representative name

Participant / representative signature

Date

Relationship (if representative)

OFFICE USE ONLY

Received by

Date received

Reviewed / approved by

Entered in EVV system (date)

This timesheet supports the agency's electronic visit verification (EVV) record.
Never sign a blank or incomplete timesheet. Keep a copy for your records.