

# Care for People Plus Subcontractor Invoice

Consumer Name:

DOB: County of Services:

| Day/Date             | Time In Start | Circle AM/PM | Time In End | Circle AM/PM |
|----------------------|---------------|--------------|-------------|--------------|
| SUNDAY               |               | AM/PM        |             | AM/PM        |
| Date: / / 20_        |               | AM/PM        |             | AM/PM        |
|                      |               | AM/PM        |             | AM/PM        |
|                      |               | AM/PM        |             | AM/PM        |
| MONDAY               |               | AM/PM        |             | AM/PM        |
| Date: / / 20_        |               | AM/PM        |             | AM/PM        |
|                      |               | AM/PM        |             | AM/PM        |
|                      |               | AM/PM        |             | AM/PM        |
| TUESDAY              |               | AM/PM        |             | AM/PM        |
| Date: / / 20_        |               | AM/PM        |             | AM/PM        |
|                      |               | AM/PM        |             | AM/PM        |
|                      |               | AM/PM        |             | AM/PM        |
| WEDNESDAY            |               | AM/PM        |             | AM/PM        |
| Date: / / 20_        |               | AM/PM        |             | AM/PM        |
|                      |               | AM/PM        |             | AM/PM        |
|                      |               | AM/PM        |             | AM/PM        |
| THURSDAY             |               | AM/PM        |             | AM/PM        |
| Date: / / 20_        |               | AM/PM        |             | AM/PM        |
|                      |               | AM/PM        |             | AM/PM        |
|                      |               | AM/PM        |             | AM/PM        |
| FRIDAY               |               | AM/PM        |             | AM/PM        |
| Date: / / 20_        |               | AM/PM        |             | AM/PM        |
|                      |               | AM/PM        |             | AM/PM        |
|                      |               | AM/PM        |             | AM/PM        |
| SATURDAY             |               | AM/PM        |             | AM/PM        |
| Date: / / 20_        |               | AM/PM        |             | AM/PM        |
|                      |               | AM/PM        |             | AM/PM        |
|                      |               | AM/PM        |             | AM/PM        |
| <b>Weekly Totals</b> |               |              |             |              |

|   |   |                                     |  |  |  |   |   |
|---|---|-------------------------------------|--|--|--|---|---|
| In-Home & Community Supports Level 2 Ratio: 1:1 W7060 | In-Home & Community Supports Level 1 Ratio: 1:2 W7059 | Companion Services Ratio: 1:1 W1726 | Respite In-Home 15 min/HR Level 3 Ratio: 1:1 W9862 | ***** Companion Services Level 1 Ratio 1:2 W1725 | Respite In-Home 24 Hours/Day Level 3 Ratio:1:1 W9798 | Out-of-Home 24 Hours/Day Level 2 Ratio: 1:2 W9797 | In-Home & Community Supports Level 2 Ratio: 1:1 W7061 |
|   |   |                                     |  |  |  |   | ENHANCED  |

This invoice was adjusted by Care for People Plus staff to match the exact times recorded in EVV. This section is to be completed by CFP+ staff only.

**EVV Adjustment Needed**

EVV Adjustment: Please use the section to the left to indicate which dates/times need to be adjusted in EVV. If an adjustment needs to be made select a reason(s) below. If you select "other" please provide a brief reason. If no change needs to be made, leave the EVV section blank.

|                |   |   |
|----------------|---|---|
| <b>Reason:</b> | <input type="checkbox"/> Forgot to clock in/out                           | <input type="checkbox"/> Selected wrong service     |
|                | <input type="checkbox"/> Mobile app failure                               | <input type="checkbox"/> Clock in with wrong client |
|                | <input type="checkbox"/> Cell phone issue (battery died, lost phone, etc) | <input type="checkbox"/> Other _____                |
| <b>Reason:</b> | <input type="checkbox"/> Forgot to clock in/out                           | <input type="checkbox"/> Selected wrong service     |
|                | <input type="checkbox"/> Mobile app failure                               | <input type="checkbox"/> Clock in with wrong client |
|                | <input type="checkbox"/> Cell phone issue (battery died, lost phone, etc) | <input type="checkbox"/> Other _____                |
| <b>Reason:</b> | <input type="checkbox"/> Forgot to clock in/out                           | <input type="checkbox"/> Selected wrong service     |
|                | <input type="checkbox"/> Mobile app failure                               | <input type="checkbox"/> Clock in with wrong client |
|                | <input type="checkbox"/> Cell phone issue (battery died, lost phone, etc) | <input type="checkbox"/> Other _____                |
| <b>Reason:</b> | <input type="checkbox"/> Forgot to clock in/out                           | <input type="checkbox"/> Selected wrong service     |
|                | <input type="checkbox"/> Mobile app failure                               | <input type="checkbox"/> Clock in with wrong client |
|                | <input type="checkbox"/> Cell phone issue (battery died, lost phone, etc) | <input type="checkbox"/> Other _____                |
| <b>Reason:</b> | <input type="checkbox"/> Forgot to clock in/out                           | <input type="checkbox"/> Selected wrong service     |
|                | <input type="checkbox"/> Mobile app failure                               | <input type="checkbox"/> Clock in with wrong client |
|                | <input type="checkbox"/> Cell phone issue (battery died, lost phone, etc) | <input type="checkbox"/> Other _____                |
| <b>Reason:</b> | <input type="checkbox"/> Forgot to clock in/out                           | <input type="checkbox"/> Selected wrong service     |
|                | <input type="checkbox"/> Mobile app failure                               | <input type="checkbox"/> Clock in with wrong client |
|                | <input type="checkbox"/> Cell phone issue (battery died, lost phone, etc) | <input type="checkbox"/> Other _____                |

CSS Printed Name

CSS Signature

Phone Number