ATTENTION: Time Reports received after the due date on the pay schedule report will be paid with the following payroll.

LKiChoice
LORIKNAPP COMPANIES

Service Code: **Home Care, Respite, Daily Living Skills, Task**

Self-Directed Supports
Time Report

NO EXCEPTIONS

Employee Name:_____

Pay Period Ending:_____

Month:_____ Year:_____   Month:_____ Year:_____

Date	Time Worked	# of Hours Worked	Home Care	Respite	Daily Living Skills	Task Rate	Date	Time Worked	# of Hours Worked	Home Care	Respite	Daily Living Skills	Task Rate

(Column groups above: "Check One" spans Home Care / Respite / Daily Living Skills / Task Rate)

Total: [____]   Total: [____]

*DON'T SIGN UNTIL YOUR LAST SERVICE DATE IS COMPLETED FOR THE TIME PERIOD!
"The program and/or Fiscal Agent are not responsible for paying hours that exceed the authorized hours."

Please Print Clearly:

Member Name:_____

Address:_____

City:_____

Member Telephone #:_____

Please call 1-844-534-7225 if you have any questions concerning payroll related matters. Monday-Friday 8:00 a.m.-4:30 p.m.

I/WE certify that the information provided on this form is a true and accurate statement of the services provided. I/We understand that payment for services provided are subject to employer payroll taxes.

* _____
Signature of Member   Date

* _____
Signature of Employee   Date

Employee Telephone #:_____

Submit this time report on the last day of the pay period to:

- Toll Free Fax to: 1-844-634-7225
- Securely to: payroll@loriknappcompanies.com
- Mail to: Lori Knapp Companies
  106 South Beaumont Rd
  Prairie du Chien, WI 53821

DATE RECEIVED IN OFFICE:

Please enter any hospital or nursing home dates your client had in this pay period:_____

Financial Services Agency
Mileage Log

Period: From _____ To _____

Print Provider (driver) Name: _____

Print Client Name: _____

Date	From	To	Purpose/Description	Total miles
			Total Miles	

_____
Provider Signature   Date

_____
Client Signature   Date