

Alamo Consumer Direct  
 Phone: 512-420-0832, Toll Free: 1-877-903-0832  
 Toll Free Fax: 1-877-652-0877  
 8701 Shoal Creek Blvd, Suite 303  
 Austin TX 78757-6809

**Consumer Directed Services  
 Service Delivery Log with Written  
 Narrative/Written Summary**

Texas Department of Aging  
 and Disability Services  
 Form 1745-compliant

<b>Employee Name</b>
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<b>Consumer Name</b>
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**Time sheet due date:** If faxed or dropped off, time sheets are due at the Consumer Direct office by Monday (at midnight) following the week of service. If mailed, they must be postmarked by Monday following the week of service. Late time sheets will result in late pay.

Check Program: <input type="checkbox"/> DBMD <input type="checkbox"/> CBA <input type="checkbox"/> CLASS <input type="checkbox"/> HCS <input type="checkbox"/> PCS <input type="checkbox"/> PHC <input type="checkbox"/> TXHML	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Service Date</b> (mm/dd/yy)							
<b>Service Code</b>							
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							
<b>Daily Total</b>							

NOTE: Time sheets must be signed AFTER the work is completed. Advance time sheets will not be accepted. **Total Weekly Hours**

Service Date (mm/dd/yy)	Place of Service	Written Narrative/Summary

**Employee/Consumer:** I certify that the work hours listed above are accurate, and that services were provided in accordance with the Employee Work Schedule and Assigned Tasks (DADS 1731). I understand that falsification of this time sheet is considered Medicaid Fraud and may result in dismissal from the program and criminal prosecution.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Consumer Signature Date

