1020 Southwood Dr Shippensburg, PA 17257

PH: 717-477-5050 Fax: 717-477-5050





Missed EVV Adjustment Form

Employees: If a punch is missed, please complete this form, and send it to the email or fax listed above. Enter the Actual time you arrived and left **NOT** your scheduled time. You must also notify City home care of the missed punch in/out by calling at 717-477-5050 immediately after it happens.

Employee Nam	e:Participant Name
Missed Date	Reason for Missed Punch (Please Select one and write it down in blank space below)
Time In	1. Clock in/out of EVV system too early/too Late 2. Forgot to clock in or out of EVV System 3. New employee/ Existing employee unable to connect to EVV system/ Phone network issue
Time Out	4. Provided service outside of client's address 5. Other (Please Explain Below)
Total Hours	
	PLEASE SELECT THE SERVICES YOU PROVIDED:
□ Dressing □ C	Oral Care/Dentures $oldsymbol{arphi}$ Range of Motion $oldsymbol{arphi}$ Supervision/Coaching $oldsymbol{arphi}$ Hair Care
□ Transfers □ L	aundry/Fold \square Light Housekeeping \square Meal Preparation \square Feeding
□ Shopping □ Reminding Medicine □ Supervised Walks □ Finance Management □ Socialization	
☐ Scheduling Appointment ☐ Phone/Com. Device ☐ Secure Transportation ☐ Get seasonal	
Clothing Bowel/Bladder Management Dother Please select the services from above or list the services you have provided to the consumer)	
Notice: By signing this you Certify that you have provided only Authorized units and it is as per the service plan for the consumer.	
You agree to reimburse any over payments.	
Employee Signature:Date:Date:	
Participant Ack	<u>nowledgement</u>
By signing	g below, I certify that I received services mentioned above on the date and time.
Participant Signature: Date:	
Reminder: All timesheet should be received by Monday 12 Pm of pay week at Cityhomecare2020@gmail.com or fax – 717-477-5050	
Office Use Only	
Approved By: Date:	