Secured Futures
A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM
FAX: 215-358-2291
EMAIL: email@SecuredFutures.org
MAIL: 10439 S 51st Street STE 225, Phoenix, AZ 85044
PHONE: 602-635-6674

RESPITE/ATTENDANT CARE COMPANION SERVICE

DATE: _____ **ACCOUNT NUMBER:** _____

BENEFICIARY/CLIENT NAME: _____

CAREGIVER NAME: _____ **AGREED RATE OF HOURLY PAY: $** _____

PAY PERIOD BEGINNING: _____ **PAY PERIOD ENDING:** _____

DATE	START TIME	END TIME	DESCRIPTION OF SERVICES PROVIDED *ex: bathing/dressing, medical, house cleaning, errands, appointments*	TOTAL DAILY HOURS	EXPENSES/ EXTRA FEE	DAILY TOTAL
			WEEKLY TOTALS:	TOTAL WEEKLY HOURS	TOTAL EXPENSES	TOTAL DUE

INSTRUCTIONS

- Record hours and activities performed each day that you work. Time that is submitted without a description of daily activities will not be approved.
- Total your daily hours.
- Total your hours for the week.
- Sign the time sheet and have Client or Manager sign.
- Time sheets should be submitted no later than 9 am each Monday morning. Fax to 215-358-2291 or email@securedfutures.org

CAREGIVER SIGNATURE: _____

CLIENT/MANAGER SIGNATURE: _____

PLEASE ALLOW 5-8 BUESINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.
FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.
SECUREDFUTURES.ORG