

Rockaway CDPAP - Time and Activity Report

Fax: 516-303-7667 or Email: timesheets@rockawaycdpap.com

| Consumer Name: | |
|----------------|----------|
| PA Name: | PA ID #: |

| Live In Only | M | T | \mathbf{W} | T | F | S | S | |
|---|---|---|--------------|---|---|---|---|--|
| (444) I worked during my meal time | | | | | | | | |
| (666) I worked during my sleep time | | | | | | | | |
| (888) Received proper meal time | | | | | | | | |
| (999) Received proper sleep | | | | | | | | |
| Tive in acquired acceptaint of the sum of clean with 5 hours hair a unintermented and 2 unintermented accept of 1 hours and | | | | | | | | |

Live in requires receiving 8 hours of sleep with 5 hours being uninterrupted and 3 uninterrupted meals of 1 hour each.

| | Date | Time In | Time Out | Hours | PA Signature | Consumer / Representative Signature |
|-----|------|---------|----------|-------|--------------|-------------------------------------|
| Mon | | | | | | |
| Tue | | | | | | |
| Wed | | | | | | |
| Thu | | | | | | |
| Fri | | | | | | |
| Sat | | | | | | |
| Sun | | | | | | |
| | | | Total | | | |

Total Hours

Watch our video to learn about your clocking in and out options at

http://evv.RockawayHC.com



Download the HHAeXchange app from your play store to clock in and out using your smartphone today!



CALL IN INSTRUCTIONS

Clock In Patient Phone:

- 1. Dial 718-838-3633
- 2. Press # 1.
- 3. Enter your ID #.

Clock Out Patient Phone:

- 1. Press # 2.
- 2. Enter your ID #.
- 3. Press 000 to complete call.

INSTRUCCIONES PARA PONCHAR

Entrada de teléfono del paciente:

- 1. Dial 718-838-3634
- 2. Presione #1.
- 3. Register su # ID.

A la Salidad del Paciente:

- 1. Presione # 2.
- 2. Registre su # ID.
- 3. Presione 000 para Completar la llamada.