



HOME AND COMMUNITY SERVICES (HCS)
DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Individual Provider Time Sheet for Skills Acquisition Training (SAT)

CLIENT / EMPLOYER NAME		INDIVIDUAL PROVIDER'S NAME						CM NAME						MONTH / YEAR			
Day of Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A	Time Service Began																
B	Time Service Ended																
C	Total Hours Each Day																
Day of Month		17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS
A	Time Service Began																
B	Time Service Ended																
C	Total Hours Each Day																
<p>This time sheet is required when reporting SAT. Form DSHS 15-051 is still required when reporting personal care.</p> <p>INSTRUCTIONS FOR DOCUMENTING YOUR DSHS AUTHORIZED HOURS FOR SKILLS ACQUISITION TRAINING (SAT). A. Enter time SAT service began – indicate AM or PM as appropriate. B. Enter time SAT service ended – indicate AM or PM as appropriate. C. Enter total of SAT hours worked each day.</p> <p>DO NOT send these time sheets to Case Managers unless requested. Keep completed time sheets in your records for six (6) years. Copies will be requested by Case Managers at the time of reassessment. DSHS may request copies at any time.</p>																	
CLIENT'S SIGNATURE									INDIVIDUAL PROVIDER'S SIGNATURE								

This form is available at <https://www.dshs.wa.gov/fsa/forms>.

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