



SIGNATURE SLIP

Missouri Medicaid has strict and detailed guidelines regarding signatures on time sheets. The rules are below:

1. Client should sign their full name after every shift worked. No initials are accepted at any time.
2. If the client is physically unable to sign their full name each day, they may make their "mark" but another responsible person must act as a witness and sign after the "mark" with their full signature after each date of service. The responsible person can be a family member, friend, visit nurse or supervisor in the home during delivery of services. If no other responsible person is there, then the aide can be the witness. Initials would be considered a "mark", not a signature.
3. If the client cannot sign anything at all, then a responsible person in the home during delivery of services can sign their full name on behalf of the client (they sign their name, NOT the clients name). The agency will need a statement from the client regarding why they are unable to sign. This statement will be kept in the client's file in the office.
4. If client cannot sign anything at all and there is NO responsible person in the home during the delivery of services, then the aide can sign on behalf of the client. (they sign their name, NOT the clients name) The agency will need a statement from the client regarding why they are unable to sign. This statement will be kept in the client's file in the office. Management must approve this to take place.
5. Signature stamps are not permitted. Per MO Medicaid, it is preferred that a client sign their "mark" over using a stamp. Stamps should be treated as if the client is unable to sign anything at all.

Client, if you will be signing or making your "mark" on your daily time sheets, please provide your signature/mark below as it will appear on all timesheets.

Client's signature	Date
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Responsible household member, if you will be signing the daily time sheets because the client is unable to sign OR is only able to make their "mark" each day, please provide your signature below at as it will appear on timesheets. No initials will be accepted.

1 st Household member signing on behalf of the client or as a witness	Date
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2 nd Household member signing on behalf of the client or as a witness	Date
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3 rd Household member signing on behalf of the client or as a witness	Date
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Any new household member that is going to sign the timesheet, must add their name to this list. Please call the office.

Client, if you are unable to sign or mark anything at all on your timesheets, please provide us with a verbal statement regarding why you are unable to do so and who you are designating this task to:

Please remember: Your aide should always write exact clock in and clock out times on the timesheet.

We take timesheet fraud very seriously and will report anyone involved!