

<p align="center"><b>C and T Home Care Services, LLC</b>  <b><u>TEL:718-424-4200</u></b>  <b>Please submit copy of fully completed and signed timesheet to</b>  <b>PAYROLL@CANDTHOMECARE.COM</b></p>			
<p align="center"><b>Patient Information</b></p>			
Patient Last Name		Patient First Name	
Patient Address			
Patient Date of Birth			
<p align="center"><b>Aide Information</b></p>			
Aide Last Name		Aide First Name	
Aide Address			
Aide Assignment ID		Aide Last 4 SSN Number	
<p align="center"><b>Please Fill Out the Information Below</b></p>			
Reason for failure to complete EVV Submission			
Date Of Visit (IN)			
Time IN			
Date Of Visit (OUT)			
Time OUT			
Hours Worked			
Signature of Aide			
Signature of Patient			