January 2027

Lori Knapp CHOICE™
Part of the AssuranceSD Family

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total
					1 Hours: Service Code:	2	=
3	4	5	6	7	8	9	=
10	11	12	13	14	15	16	=
17	18	19	20	21	22	23	=
24 31	25	26	27	28	29	30	=

Timesheets Due Indicates pay date

Total of all weekly hours: _____

Reminders

- Direct Care Workers may not submit hours during a participant's facility stay.
- Late Timesheets received after the date indicated will be processed in the next pay period. NO EXCEPTIONS.

Your approved services

- _____
- _____
- _____
- _____

Your workers approved services and hours

- _____
- _____
- _____

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February 2027

Lori Knapp CHOICE™
Part of the AssuranceSD Family

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total
	1 Hours: Service Code:	2	3	4	5	6	=
7	8	9	10	11	12	13	=
14	15	16	17	18	19	20	=
21	22	23	24	25	26	27	=
28							=

Timesheets Due Indicates pay date

Total of all weekly hours: _____

Reminders

- Direct Care Workers may not submit hours during a participant's facility stay.
- Late Timesheets received after the date indicated will be processed in the next pay period. NO EXCEPTIONS.

Your approved services

- _____
- _____
- _____
- _____

Your workers approved services and hours

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- _____
- _____

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March 2027

Lori Knapp CHOICE™
Part of the AssuranceSD Family

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total
	1 Hours: Service Code:	2	3	4	5	6	=
7	8	9	10	11	12	13	=
14	15	16	17	18	19	20	=
21	22	23	24	25	26	27	=
28	29	30	31				=

Timesheets Due Indicates pay date

Total of all weekly hours: _____

Reminders

- Direct Care Workers may not submit hours during a participant's facility stay.
- Late Timesheets received after the date indicated will be processed in the next pay period. NO EXCEPTIONS.

Your approved services

- _____
- _____
- _____
- _____

Your workers approved services and hours

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- _____

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April 2027

Lori Knapp CHOICE™

Part of the AssuranceSD Family

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total
				1 Hours: Service Code:	2	3	=
4	5	6	7	8	9	10	=
11	12	13	14	15	16	17	=
18	19	20	21	22	23	24	=
25	26	27	28	29	30		=

Timesheets Due Indicates pay date

Total of all weekly hours: _____

Reminders

- Direct Care Workers may not submit hours during a participant's facility stay.
- Late Timesheets received after the date indicated will be processed in the next pay period. NO EXCEPTIONS.

Your approved services

- _____
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- _____
- _____

Your workers approved services and hours

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- _____

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May 2027

Lori Knapp CHOICE™
Part of the AssuranceSD Family

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total
						1 Hours: Service Code:	=
2	3	4	5	6	7	8	=
9	10	11	12	13	14	15	=
16	17	18	19	20	21	22	=
23 / 30	24 / 31	25	26	27	28	29	=

Timesheets Due Indicates pay date

Total of all weekly hours: _____

Reminders

- Direct Care Workers may not submit hours during a participant's facility stay.
- Late Timesheets received after the date indicated will be processed in the next pay period. NO EXCEPTIONS.

Your approved services

- _____
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Your workers approved services and hours

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June 2027

Lori Knapp CHOICE™
Part of the AssuranceSD Family

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total
		1 Hours: Service Code:	2	3	4	5	=
6	7	8	9	10	11	12	=
13	14	15	16	17	18	19	=
20	21	22	23	24	25	26	=
27	28	29	30				=

Timesheets Due Indicates pay date

Total of all weekly hours: _____

Reminders

- Direct Care Workers may not submit hours during a participant's facility stay.
- Late Timesheets received after the date indicated will be processed in the next pay period. NO EXCEPTIONS.

Your approved services

- _____
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Your workers approved services and hours

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July 2027

Lori Knapp CHOICE™
Part of the AssuranceSD Family

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total
				1 Hours: Service Code:	2	3	=
4	5	6	7	8	9	10	=
11	12	13	14	15	16	17	=
18	19	20	21	22	23	24	=
25	26	27	28	29	30	31	=

Timesheets Due Indicates pay date

Total of all weekly hours: _____

Reminders

- Direct Care Workers may not submit hours during a participant's facility stay.
- Late Timesheets received after the date indicated will be processed in the next pay period. NO EXCEPTIONS.

Your approved services

- _____
- _____
- _____
- _____

Your workers approved services and hours

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- _____

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August 2027

Lori Knapp CHOICE™
Part of the AssuranceSD Family

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total
1 Hours: Service Code:	2	3	4	5	6	7	=
8	9	10	11	12	13	14	=
15	16	17	18	19	20	21	=
22	23	24	25	26	27	28	=
29	30	31					=

Timesheets Due Indicates pay date

Total of all weekly hours: _____

Reminders

- Direct Care Workers may not submit hours during a participant's facility stay.
- Late Timesheets received after the date indicated will be processed in the next pay period. NO EXCEPTIONS.

Your approved services

- _____
- _____
- _____
- _____

Your workers approved services and hours

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- _____

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September 2027

Lori Knapp CHOICE™
Part of the AssuranceSD Family

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total
			1 Hours: Service Code:	2	3	4	=
5	6	7	8	9	10	11	=
12	13	14	15	16	17	18	=
19	20	21	22	23	24	25	=
26	27	28	29	30			=

Timesheets Due Indicates pay date

Total of all weekly hours: _____

Reminders

- Direct Care Workers may not submit hours during a participant's facility stay.
- Late Timesheets received after the date indicated will be processed in the next pay period. NO EXCEPTIONS.

Your approved services

- _____
- _____
- _____
- _____

Your workers approved services and hours

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- _____

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October 2027

Lori Knapp CHOICE™
Part of the AssuranceSD Family

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total
					1 Hours: Service Code:	2	=
3	4	5	6	7	8	9	=
10	11	12	13	14	15	16	=
17	18	19	20	21	22	23	=
24 31	25	26	27	28	29	30	=

Timesheets Due Indicates pay date

Total of all weekly hours: _____

Reminders

- Direct Care Workers may not submit hours during a participant's facility stay.
- Late Timesheets received after the date indicated will be processed in the next pay period. NO EXCEPTIONS.

Your approved services

- _____
- _____
- _____
- _____

Your workers approved services and hours

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- _____
- _____

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November 2027

Lori Knapp CHOICE™
Part of the AssuranceSD Family

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total
	1 Hours: Service Code:	2	3	4	5	6	=
7	8	9	10	11	12	13	=
14	15	16	17	18	19	20	=
21	22	23	24	25	26	27	=
28	29	30					=

Timesheets Due Indicates pay date

Total of all weekly hours: _____

Reminders

- Direct Care Workers may not submit hours during a participant's facility stay.
- Late Timesheets received after the date indicated will be processed in the next pay period. NO EXCEPTIONS.

Your approved services

- _____
- _____
- _____
- _____

Your workers approved services and hours

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- _____
- _____

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December 2027

Lori Knapp CHOICE™
Part of the AssuranceSD Family

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total
			1 Hours: Service Code:	2	3	4	=
5	6	7	8	9	10	11	=
12	13	14	15	16	17	18	=
19	20	21	22	23	24	25	=
26	27	28	29	30	31		=

Timesheets Due Indicates pay date

Total of all weekly hours: _____

Reminders

- Direct Care Workers may not submit hours during a participant's facility stay.
- Late Timesheets received after the date indicated will be processed in the next pay period. NO EXCEPTIONS.

Your approved services

- _____
- _____
- _____
- _____

Your workers approved services and hours

- _____
- _____
- _____

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