

NAME \_\_\_\_\_

# HCAP TIMESHEET

DATE \_\_\_\_\_

*Return this timesheet MONTHLY to the WICHE office to receive credit towards your HCAP obligation.*

| DATE/MONTH | LOCATION | TYPE OF SERVICE | APPROXIMATE<br>NUMBER OF CLIENTS | TOTAL HOURS |
|------------|----------|-----------------|----------------------------------|-------------|
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Participants Signature \_\_\_\_\_ Contracting Agency Signature \_\_\_\_\_ WICHE Initials \_\_\_\_\_