



# West-Central Independent Living Solutions

E-Mail: [EVV@w-ils.org](mailto:EVV@w-ils.org)

Website: <http://www.w-ils.org>

## EVV Manual Entry, Adjustment or Exception Confirmation

The Missouri Code of State Regulations (13 CSR 70-3) requires that any Manual entry, Adjustment or Exception requires that we document the date and time of entry and/or update, the reason for the entry and/or update.

**Consumer Name:** \_\_\_\_\_

**Attendant Name:** \_\_\_\_\_

**Date of Shift to be modified:** \_\_\_\_\_

**Original Clock in/Clock out times captured in EVV:**

Clock in Time: \_\_\_\_\_ Clock out Time: \_\_\_\_\_

**Actual Clock in/Clock out times to be billed & paid:**

Clock in Time: \_\_\_\_\_ Clock out Time: \_\_\_\_\_

**Tasks completed this shift:** \_\_\_\_\_

\_\_\_\_\_

**Reason this modification is necessary:** \_\_\_\_\_

\_\_\_\_\_

*By completing and signing this form, the above-named consumer verifies the time and tasks worked during this shift by their employee to be accurate and in compliance with the Plan of Care.*

\_\_\_\_\_  
**Consumer Signature**

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### Address

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