

KanTime - MyChoice FOB Device Tracking Form

Instructions: 1. The employee completes all information and signs the bottom of the form.

2. Please see the back for service codes, toll-free numbers, and best practices.

BASIC INFORMATION

Employer Name:						
Employee Name:	:					
Pay Period Begins (MM/DD/YYYY):			Pay Period Ends (MM/DD/YYYY):			
VISIT INFORMATION						
Date of Service	Check In FOB Code (8 digits)	Time of Check In	Check Out FOB Code (8 digits)	Time of Check Out	Service Code	
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ILIFE CUSTOMER SERVICE NUMBER FOR ASSISTANCE

888-490-3966

SERVICE CODES

Service Code	Service Code Meaning	
S	Supportive Home Care	
Р	Personal Care	
R	Respite Care	
С	Chores	

BEST PRACTICES

• This sheet is only used for FOB data keeping purposes. This is not used for actually checking in and checking out using the FOB device. You need to enter the details you wrote down on this form into either the KanTime Web Portal or a physical timesheet that will fulfill your timesheet and EVV (Electronic Visit Verification) requirement.

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