

HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant /ID # _____

Pay Period 07/09/17 to 07/22/17

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
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07/22/17												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. By signing, the participant/ representative/ employer and employee certify that all information is true and correct.

Employee Signature Date

Participant/Representative/Employer Signature Date

Reviewed by: Service Advisor Signature Date

Reviewed by: Financial Manager signature Date

HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Legible & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A full description of the services provided that covers the entire shift; 2) What choices of activities were made; and 3) Issues or concerns regarding the well being of the participant.

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Participant /ID # _____

Pay Period 07/23/17 to 08/05/17

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
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Participant /ID # _____

Pay Period 08/06/17 to 08/19/17

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
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Pay Period 08/20/17 to 09/02/17

Employee /ID # _____

Employee Address/Zip _____

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	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
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Pay Period 09/03/17 to 09/16/17

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
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Pay Period 09/17/17 to 09/30/17

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
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Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
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Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
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Pay Period 10/29/17 to 11/11/17

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
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Participant /ID # _____

Pay Period 11/12/17 to 11/25/17

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
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For each date of service please outline: 1) A full description of the services provided that covers the (and 3) Issues or concerns regarding the well being of the p

Date Service Provided MM/DD/YY	

HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant /ID # _____

Pay Period 11/26/17 to 12/09/17

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
11/26/17												
11/27/17												
11/28/17												
11/29/17												
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SubTotals Wk 1												
12/03/17												
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12/05/17												
12/06/17												
12/07/17												
12/08/17												
12/09/17												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

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Employee Signature Date

Participant/Representative/Employer Signature Date

Reviewed by: Service Advisor Signature Date

Reviewed by: Financial Manager signature Date

HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

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Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A full description of the services provided that covers the entire shift; 2) What choices of activities were made; and 3) Issues or concerns regarding the well being of the participant.

Date Service Provided MM/DD/YY	

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HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant /ID # _____

Pay Period 12/10/17 to 12/23/17

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
12/10/17												
12/11/17												
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SubTotals Wk 1												
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12/21/17												
12/22/17												
12/23/17												
SubTotals Wk 2												
Total Hours												

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Service & Billing Code	Hours	Rate	Total
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HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant /ID # _____

Pay Period 12/24/17 to 01/06/18

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
12/24/17												
12/25/17												
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01/03/18												
01/04/18												
01/05/18												
01/06/18												
SubTotals Wk 2												
Total Hours												

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HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

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Participant /ID # _____

Pay Period 01/07/18 to 01/20/18

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
01/07/18												
01/08/18												
01/09/18												
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01/20/18												
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HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

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Participant /ID # _____

Pay Period 01/21/18 to 02/03/18

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
01/21/18												
01/22/18												
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01/26/18												
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SubTotals Wk 1												
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				TOTAL								

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

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HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

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HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant /ID # _____

Pay Period 02/04/18 to 02/17/18

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
02/04/18												
02/05/18												
02/06/18												
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SubTotals Wk 1												
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02/14/18												
02/15/18												
02/16/18												
02/17/18												
SubTotals Wk 2												
Total Hours												

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HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant /ID # _____

Pay Period 02/18/18 to 03/03/18

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
02/18/18												
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HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant /ID # _____

Pay Period 03/04/18 to 03/17/18

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
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03/06/18												
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Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant /ID # _____

Pay Period 03/18/18 to 03/31/18

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
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Pay Period 04/01/18 to 04/14/18

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
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HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERV

*Documentation/Information Must Be **Legible** & Employees Are Responsible For Completi*

Participant Name & ID #: _____

Employee Na

For each date of service please outline: 1) A full description of the services provided that covers the (and 3) Issues or concerns regarding the well being of the p

Date Service Provided MM/DD/YY	

HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant /ID # _____

Pay Period 04/15/18 to 04/28/18

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
04/15/18												
04/16/18												
04/17/18												
04/18/18												
04/19/18												
04/20/18												
04/21/18												
SubTotals Wk 1												
04/22/18												
04/23/18												
04/24/18												
04/25/18												
04/26/18												
04/27/18												
04/28/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. By signing, the participant/ representative/ employer and employee certify that all information is true and correct.

Employee Signature Date

Participant/Representative/Employer Signature Date

Reviewed by: Service Advisor Signature Date

Reviewed by: Financial Manager signature Date

HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Legible & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A full description of the services provided that covers the entire shift; 2) What choices of activities were made; and 3) Issues or concerns regarding the well being of the participant.

Date Service Provided MM/DD/YY	

HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERV

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HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant /ID # _____

Pay Period 04/29/18 to 05/12/18

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
04/29/18												
04/30/18												
05/01/18												
05/02/18												
05/03/18												
05/04/18												
05/05/18												
SubTotals Wk 1												
05/06/18												
05/07/18												
05/08/18												
05/09/18												
05/10/18												
05/11/18												
05/12/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

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Employee Name & ID #: _____

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Date Service Provided MM/DD/YY	

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Participant Name & ID #: _____

Employee Na

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Date Service Provided MM/DD/YY	

HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant /ID # _____

Pay Period 05/27/18 to 06/09/18

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
05/27/18												
05/28/18												
05/29/18												
05/30/18												
05/31/18												
06/01/18												
06/02/18												
SubTotals Wk 1												
06/03/18												
06/04/18												
06/05/18												
06/06/18												
06/07/18												
06/08/18												
06/09/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
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Employee Signature Date

Participant/Representative/Employer Signature Date

Reviewed by: Service Advisor Signature Date

Reviewed by: Financial Manager signature Date

HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

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Participant Name & ID #: _____

Employee Name & ID #: _____

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HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant /ID # _____

Pay Period 06/10/18 to 06/23/18

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
06/10/18												
06/11/18												
06/12/18												
06/13/18												
06/14/18												
06/15/18												
06/16/18												
SubTotals Wk 1												
06/17/18												
06/18/18												
06/19/18												
06/20/18												
06/21/18												
06/22/18												
06/23/18												
SubTotals Wk 2												
Total Hours												

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Service & Billing Code	Hours	Rate	Total

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HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

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Participant /ID # _____

Pay Period 06/24/18 to 07/07/18

Employee /ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
06/24/18												
06/25/18												
06/26/18												
06/27/18												
06/28/18												
06/29/18												
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07/05/18												
07/06/18												
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