NY CDPAP – Consumer Directed Services Timesheet

_____ PRC-NY-☐☐☐☐☐☐☐☐

Consumer's Name

_____ PRV-NY-☐☐☐☐☐☐☐☐

Personal Assistant's Name

FAX: PPL@ 844-244-4384

Mail: Public Partnerships, PO Box 310, Binghamton, NY, 13902

Service Type (fill one from each column)
- ☐ T1019 ☐ One Consumer ☐ Not Enhanced
- ☐ T1020 ☐ Two Consumer ☐ Enhanced
- ☐ Sick Leave
- ☐ _____

Begin Sunday: ☐☐/☐☐/☐☐☐☐   End Saturday: ☐☐/☐☐/☐☐☐☐

	Time In		AM/PM	Time Out		AM/PM	Total Hours	Location	
Sunday	:		AM ☐ / PM ☐	:		AM ☐ / PM ☐		☐ Home	☐ Other
	:		AM ☐ / PM ☐	:		AM ☐ / PM ☐		☐ Home	☐ Other
Monday	:		AM ☐ / PM ☐	:		AM ☐ / PM ☐		☐ Home	☐ Other
	:		AM ☐ / PM ☐	:		AM ☐ / PM ☐		☐ Home	☐ Other
Tuesday	:		AM ☐ / PM ☐	:		AM ☐ / PM ☐		☐ Home	☐ Other
	:		AM ☐ / PM ☐	:		AM ☐ / PM ☐		☐ Home	☐ Other
Wednesday	:		AM ☐ / PM ☐	:		AM ☐ / PM ☐		☐ Home	☐ Other
	:		AM ☐ / PM ☐	:		AM ☐ / PM ☐		☐ Home	☐ Other
Thursday	:		AM ☐ / PM ☐	:		AM ☐ / PM ☐		☐ Home	☐ Other
	:		AM ☐ / PM ☐	:		AM ☐ / PM ☐		☐ Home	☐ Other
Friday	:		AM ☐ / PM ☐	:		AM ☐ / PM ☐		☐ Home	☐ Other
	:		AM ☐ / PM ☐	:		AM ☐ / PM ☐		☐ Home	☐ Other
Saturday	:		AM ☐ / PM ☐	:		AM ☐ / PM ☐		☐ Home	☐ Other
	:		AM ☐ / PM ☐	:		AM ☐ / PM ☐		☐ Home	☐ Other

By signing below, I certify that I have provided the services to the consumer during the times described on this timesheet.

Personal Assistant Signature

[_____]

Date

☐☐/☐☐/☐☐☐☐

I certify that the consumer has received hours of service as reported above.

Consumer or Designated Representative Signature

[_____]

Date

☐☐/☐☐/☐☐☐☐

1. If you work overnight, enter your Time Out on the first day as 11:59 PM. On the next line, enter your Time In on day two as 12:00 AM.
2. Use Black Ink. Fill in boxes completely. Print one character per box, try not to touch the lines.