CONTINUUM
FISCAL SERVICES

PARTICIPANT-DIRECTION SERVICES TIMESHEET
COMP/NOW PROGRAMS

EMPLOYEE NAME:	**EMPLOYER NAME:**
WAIVER PARTICIPANT NAME:	
PARTICIPANTS EMAIL :	

I CERTIFY THE FOLLOWING SERVICES HAVE BEEN PROVIDED ON THE DATES AND TIMES INDICATED IN ACCORDANCE WITH THE SERVICE PLAN.

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EMPLOYEE SIGNATURE DATE EMPLOYER SIGNATURE DATE

SERVICE CODES

01 COMMUNITY ACCESS GRP	*02 COMMUNITY ACCESS INDIVIDUAL*	*03 COMMUNITY LIVING 15 MINUTES*
04 COMMUNITY LIVING DAILY	*05 SUPPORTED EMPLOYMENT INDIVIDUAL*	*06 SUPPORTED EMPLOYMENT GROUP*
07 RESPITE 15 MINUTES	*08 RESPITE OVERNIGHT*	*09 COMMUNITY GUIDE*
10 COMMUNITY LIVING RN	*11 COMMUNITY LIVING LPN*	*12 BEHAVIORAL SUPPORTS*

DATE OF SERVICE MM/DD/YY			START TIME AM OR PM	END TIME AM OR PM	TOTALS HOURS	SERVICE CODE

FAX TO: 404-888-9142 or 1-855-872-3728 the day following the last day of the pay period