



**PARTICIPANT-DIRECTION SERVICES TIMESHEET  
CCSP PROGRAM**

|                                 |                       |
|---------------------------------|-----------------------|
| <b>EMPLOYEE NAME:</b>           | <b>EMPLOYER NAME:</b> |
| <b>WAIVER PARTICIPANT NAME:</b> |                       |

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

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYER SIGNATURE

\_\_\_\_\_  
DATE

***SERVICE CODE***

|                                |
|--------------------------------|
| 01 - PERSONAL SUPPORT SERVICES |
|--------------------------------|

| DATE OF SERVICE<br>MM/DD/YY | START TIME<br>AM OR PM | END TIME<br>AM OR PM | TOTALS<br>HOURS | SERVICE<br>CODE |
|-----------------------------|------------------------|----------------------|-----------------|-----------------|
|                             |                        |                      |                 | 01              |
|                             |                        |                      |                 | 01              |
|                             |                        |                      |                 | 01              |
|                             |                        |                      |                 | 01              |
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|                             |                        |                      |                 | 01              |

FAX TO: 404-888-9142 or 1-855-872-3728

EMAIL TO: [timesheet@continuumfs.com](mailto:timesheet@continuumfs.com)

**Timesheets DUE the 1<sup>st</sup> and 16<sup>th</sup> of each month**