



**PARTICIPANT-DIRECTION SERVICES TIMESHEET  
ICWP 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.**

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**EMPLOYEE SIGNATURE**                      **DATE**                                      **EMPLOYER SIGNATURE**                      **DATE**

***SERVICE CODE***

<b>01 - COMMUNITY LIVING SUPPORTS</b>
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DATE OF SERVICE MM/DD/YY			START TIME AM OR PM	END TIME AM OR PM	TOTALS HOURS	SERVICE CODE
						01
						01
						01
						01
						01
						01
						01
						01
						01
						01
						01
						01
						01
						01
						01
						01
						01
						01
						01
						01
						01
						01
						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**