

1. Each section of the timesheet **MUST** be completed accurately and legibly. There must not be any stray marks or "strike thru" on the timesheet.
2. Please enter the **EMPLOYEE NAME** in the space provided - please write legibly so that each letter of the name can be read easily

CONTINUUM
FISCAL SERVICES

**PARTICIPANT-DIRECTION SERVICES TIMESHEET
COMP/NOW PROGRAMS**

EMPLOYEE NAME	EMPLOYER NAME
WAIVER PARTICIPANT NAME	

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
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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

3. Please add the name of **EMPLOYER** in the space provided - The Employer is the Participant
4. Enter the name of the Waiver Participant in the space provided.. If the name of the Employer is the same as the Employer, you may leave this space blank.
5. The signatures of the Employer and the Employee **MUST** be on the form.. The timesheet cannot be processed without signatures. If the form cannot be processed, it may not be returned immediately and may cause a delay in the processing of the Employees ' check.

WAIVER PARTICIPANT NAME

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

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DATE OF SERVICE MM/DD/YY	START TIME	END TIME	SERVICE CODE
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8. Enter the Start Time and Circle AM or PM then enter the End Time and Circle AM or PM - If there are AM and PM start times, use separate timesheets to indicate the AM and PM start times separately..
DO NOT WRITE ANY NOTES or STRAY MARKS ON THE TIMESHEET

The screenshot shows a PDF document titled 'CFS Time Sheets 9.10.13.pdf'. The main content is a table with the following structure:

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 LPW	12 BEHAVIORAL SUPPORTS	

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

Helpful Hints:

1. DO NOT make any stray marks on the timesheets
2. Submit timesheet within 24 hours of the end of the pay period. The pay period ends the SAME each month ***(15th and Last day of the month)***
3. Write legibly so that the processors can understand what you have written
4. Make sure timesheet is signed by both Employer and Employee
5. When faxing timesheet to CFS - DO NOT fax more than one time. Multiple faxes may delay processing