



**Georgia Participant/Consumer-Directed Programs
Employee Rate Form**

Please provide your Employee’s rate in the section below in accordance with your budget. Please refer to the “What it Costs You” sheet so you know how the rate affects your budget. Rate sheets must be received 1 week prior to the pay period end date. Retroactive rate changes are **NOT** allowed.

(Employer/Participant’s name printed)

(Employee’s name printed)

PROGRAM	SERVICE	RATE	START DATE
CCSP	01 PERSONAL SUPPORT SERVICES		
COMP/ NOW	01 COMMUNITY ACCESS - GROUP		
COMP/ NOW	02 COMMUNITY ACCESS - INDIVIDUAL		
NOW	03 COMMUNITY LIVING SUPPORT - 15 MIN		
COMP	03 COMMUNITY LIVING - EXTENDED (3+ hrs)		
COMP	04 COMMUNITY LIVING - BASIC (up to 2.75 hrs)		
COMP/ NOW	05 SUPPORTED EMPLOYMENT - INDIVIDUAL		
COMP/ NOW	06 SUPPORTED EMPLOYMENT - GROUP		
COMP/ NOW	07 RESPITE - 15 MINUTES		
NOW	08 RESPITE OVERNIGHT		
COMP	08.1 RESPITE OVERNIGHT (CATEGORY 1)		
COMP	08.2 RESPITE OVERNIGHT (CATEGORY 2)		
COMP/ NOW	09 COMMUNITY GUIDE		
COMP/ NOW	10 COMMUNITY LIVING - RN		
COMP/ NOW	11 COMMUNITY LIVING - LPN		
COMP/ NOW	12 BEHAVIORAL SUPPORTS		
COMP/ NOW	OT TRANSPORTATION		
ICWP	01 COMMUNITY LIVING SUPPORT - 15 MIN		

Participant/Representative Signature

Date

You must complete a new form when you wish to change an employee’s hourly wage.

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