



**PARTICIPANT-DIRECTION SERVICES TIMESHEET
COMP PROGRAM**

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 GROUP	02 - COMMUNITY ACCESS INDIVIDUAL	03 - COMMUNITY LIVING SUPPORTS	OT - TRANSPORTATION
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 EMAIL TO: timesheet@continuumfs.com

Timesheets DUE the 1st and 16th of each month