CONTINUUM
FISCAL SERVICES

PARTICIPANT-DIRECTION SERVICES TIMESHEET
NOW 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.

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EMPLOYEE SIGNATURE DATE EMPLOYER SIGNATURE DATE

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