

CDPAP TIME SHEET

Week Ending: ___/___/___

Provider ID:

County: Clinton

Agency: Concepts of Independent Choices, Inc.
 North Country Center for Independence
 80 Sharron Ave.
 Plattsburgh, NY, 12901

Phone: 518-563-9058 (office)
 518-563-0292 (fax)

Client:

C/O

ID:

Hospitalization

CDPAP/DSS Notified?

Total Weekly Authorized Hrs:

Personal Assistant Name & ID	Personal Assistant #1			Personal Assistant #2			Personal Assistant #3		
	Name: _____ ID: _____			Name: _____ ID: _____			Name: _____ ID: _____		
	Time In	Time Out	# of Hrs	Time In	Time Out	# of Hrs	Time In	Time Out	# of Hrs
Sat: _/_/___									
Sun: _/_/___									
Mon: _/_/___									
Tues: _/_/___									
Wed: _/_/___									
Thurs: _/_/___									
Fri: _/_/___									
PA Signature	Hol.	<input type="checkbox"/> Vac _____ <input type="checkbox"/> S _____	Total Hours:	Hol.	<input type="checkbox"/> Vac _____ <input type="checkbox"/> S _____	Total Hours:	Hol.	<input type="checkbox"/> Vac _____ <input type="checkbox"/> S _____	Total Hours:
	TR	Other:		TR	Other:		TR	Other:	
	X			X			X		

By submitting this time sheet, I attest the Personal Assistant has worked the hours noted on this time sheet according to the current authorized plan of care, and the Consumer did not receive Consumer Directed Personal Assistant services during any hospitalization stay which may have occurred during this week ending period.

Consumer/Surrogate Signature: _____

Date: _____