

TIME SHEET

Concepts of Independence, Inc.
 North Country Center for Independence
 80 Sharron Avenue, Plattsburgh, N.Y. 12901
 P: (518)563-9058 F: (518) 563-0292

Consumer: _____

202

Reminder to Personal Assistants:

1. Fill in your PA Number and Name
2. Insert ACTUAL hours under each day worked
3. Insert total hours worked for the week
4. On you last day of the week, sign the timesheet

Reminder to Consumer/Designated Representative:

1. Review and verify that the hours inserted by ALL of the PAs were for actual hours worked
2. Fill in the total daily hours for each day
3. If all of the hours are correct, sign and date the timesheet
4. Fax or mail the timesheet to Concepts

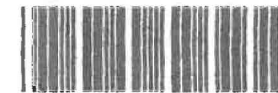
LOC:202 CONSUMER# :

WEEK ENDING: ___/___/___

LINE	PA NUMBER	PERSONAL ASSISTANT'S NAME PRINT LEGIBLY								TOTAL HRS	ED LO	H TO	T PR	T EN	T DU	PERSONAL ASSISTANT'S SIGNATURE
			S A T	S U N	M O N	T U E	W E D	T H U	F R I							
1																
2																
3																
4																
5																
6																
7																
8																
9																
TOTAL DAILY HOURS			SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL HRS						

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

EMPLOYER SIGNATURE:



 CONSUMER/DESIGNATED REPRESENTATIVE

 DATE