

CHINESE-AMERICAN PLANNING COUNCIL HOME ATTENDANT PROGRAM, INC

CONSUMER DIRECTED PERSONAL ASSISTANT PROGRAM

One York Street, 2nd Floor, New York, NY 10013

Tel: (212) 219-8100, Fax: (212) 966-7371

SUBMIT TIMESHEET TO:

EMAIL: TS@CPCHAP.ORG

FAX: 212-966-7371

TIMESHEET

FOR OFFICE USE ONLY

Client ID: _____

Employee ID: _____

Reason Code: _____

RC Code: _____

PS ID: _____

PS Signature: _____

Date: _____

CONSUMER NAME: _____

CONSUMER ID#: _____

Case Coordinator Name: _____

PERSONAL ASSISTANT ID#	PERSONAL ASSISTANT'S NAME	Date	SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL HRS	VAC	SICK	TRN	PERSONAL ASSISTANT'S SIGNATURE
		IN												
		OUT												
		IN												
		OUT												
		IN												
		OUT												
		IN												
		OUT												
		IN												
		OUT												
		IN												
		OUT												
		IN												
		OUT												
TOTAL DAILY HOURS BILLED			SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL HRS	VAC	SICK	TRN	PERSONAL ASSISTANT'S SIGNATURE

I CERTIFY THAT THE ASSIGNED TASKS WERE COMPLETED IN ACCORDANCE WITH MY CURRENT PLAN OF CARE.

 CONSUMER / SURROGATE SIGNATURE DATE: _____