

**CHINESE-AMERICAN PLANNING COUNCIL HOME ATTENDANT PROGRAM, INC**

CONSUMER DIRECTED PERSONAL ASSISTANT PROGRAM

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

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

# TIMESHEET

SUBMIT TIMESHEET TO:  
 EMAIL: TS@CPCHAP.ORG  
 FAX: 212-966-7371

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								TOTAL HRS	V A C C	S C K	T R N	PERSONAL ASSISTANT'S SIGNATURE
			SAT	SUN	MON	TUE	WED	THU	FRI					
		IN												
		OUT												
		IN												
		OUT												
		IN												
		OUT												
		IN												
		OUT												
		IN												
		OUT												
		IN												
		OUT												
TOTAL DAILY HOURS BILLED														PERSONAL ASSISTANT'S SIGNATURE

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

DATE: \_\_\_\_\_

\_\_\_\_\_  
 Consumer / Designated Representative Signature