

TIMESHEET

**Public Partnership Limited (PPL): the Fiscal Intermediary (FI)
CPC Consumer Directed as Facilitator**

CONSUMER NAME: _____

[PPL's email: nycdpap@pplfirst.com](mailto:nycdpap@pplfirst.com)

CONSUMER MEDICAID ID#: _____

PPL fax number: 833-951-0828

PERSONAL ASSISTANT ID#	PERSONAL ASSISTANT'S NAME	Date	SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL HRS	VAC	SCK	TRN	PERSONAL ASSISTANT'S SIGNATURE
		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	SCK	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: _____