



## **需要采取行动：工作周变更重要通知**

尊敬的 CDPAP 消费者，您好！

**自 2018 年 7 月 2 日星期一起**，Allen Health Care Services 将更改当前工作周安排，从星期日周末休假改成星期五周末休假。

本函已随附一份基于新工作周（星期六至星期五）安排的时间表示例，以及一份空白的时间表，用以报告您个人助理（PA）的工作时间。**从 2018 年 7 月 2 日星期一起**，您必须开始使用此时间表。

### **截至 7 月 2 日，我们将不再接受使用旧的时间表来报告您个人助理的工作时间**

请继续通过电子邮件、手动送递到 Allen Health 处、（投件箱位置如下文所示）、或传真至 917-201-7407 的方式发送时间表。*如果您通过邮递方式发送您的时间表，Allen Health 建议您在星期五之前发出，以确保邮件可在星期一送达。*

地址：70-00 Austin  
Street Forest Hills,  
NY.11375  
**24 小时开放**

地址：145 East 98th St 2nd Floor  
Brooklyn NY.11223  
**开放时间：上午 8:30 至下午 5 点**

地址：6 South 4th Avenue  
Mt Vernon NY, 10550  
**开放时间：上午 8:30 至下午 5 点**

地址：2770 3rd Avenue  
Bronx NY 10455  
**24 小时开放**

地址：175 Fulton Avenue  
Hempstead NY.11550  
**24 小时开放**

### **薪金支票将继续在星期五分发**

请向您的个人助理作出相应的指示。如果您对 Allen Health 此项变更有任何疑问，请联系我们的客服团队。我们将乐于为您提供支持。

谢谢！

总裁 Marie Andreatchio

## Consumer Directed Personal Assistance Services Personal Assistant Timesheet

### Allen Health Care Services, Inc.

Week Ending Friday (date):

Employer(Consumer): Hal Tunder	Personal Assistant Names: Art Gecco
Employer Address: 1 Austin Street	Personal Assistant ID : 600001
Employer Phone #: 555-555-5555	Personal Assistant Phone: 555-555-5555

I, the Consumer, by signing this timesheet, attest to the accuracy and validity of the hours being reported as worked. I understand that Medicaid funds will be paid to the Personal Assistant on the basis of this timesheet. I understand that deliberately completing inaccurate time sheets can be fraud, which is a crime, and that severe penalties can be imposed for committing fraud.

Day	Date	Start Time	End Time	Total Hours	Consumer or Designated Representative Signature	Personal Assistant Signature
<b>Saturday</b>		Am Pm	Am Pm			
<b>Sunday</b>		Am Pm	Am Pm			
<b>Monday</b>		Am Pm	Am Pm			
<b>Tuesday</b>		Am Pm	Am Pm			
<b>Wednesday</b>		Am Pm	Am Pm			
<b>Thursday</b>		Am Pm	Am Pm			
<b>Friday</b>		Am Pm	Am Pm			
<b>Total Hours For The Week:</b>						

Fax: (917)201-7407 or [cdpap@allenhealth.com](mailto:cdpap@allenhealth.com)

Please remit your time sheet by **Monday 12 noon** on a weekly basis. Time sheets can be mailed or dropped off at the following locations

**Brooklyn**  
145 East 98<sup>th</sup> Street,  
Brooklyn, NY 11212

**Bronx**  
2770 Third Avenue  
Bronx, NY 10455

**Queens**  
70-00 Austin Street  
Forest Hills, NY 11375

**Staten Island**  
120 Stuyvesant Place  
Staten Island, NY 10301

**Long Island**  
175 Fulton Avenue  
Hempstead, NY 11550

If you have any questions regarding submission of this form, please contact our office at 718-689-1252

## Consumer Directed Personal Assistance Services Personal Assistant Timesheet

### Allen Health Care Services, Inc.

Week Ending Friday (date): \_\_\_\_\_

Employer(Consumer): \_\_\_\_\_ Personal Assistant Names: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_ Personal Assistant ID : \_\_\_\_\_  
 Employer Phone #: \_\_\_\_\_ Personal Assistant Phone: \_\_\_\_\_

I, the Consumer, by signing this timesheet, attest to the accuracy and validity of the hours being reported as worked. I understand that Medicaid funds will be paid to the Personal Assistant on the basis of this timesheet. I understand that deliberately completing inaccurate time sheets can be fraud, which is a crime, and that severe penalties can be imposed for committing fraud.

Day	Date	Start Time	End Time	Total Hours	Consumer or Designated Representative Signature	Personal Assistant Signature
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<b>Sunday</b>		Am Pm	Am Pm			
<b>Monday</b>		Am Pm	Am Pm			
<b>Tuesday</b>		Am Pm	Am Pm			
<b>Wednesday</b>		Am Pm	Am Pm			
<b>Thursday</b>		Am Pm	Am Pm			
<b>Friday</b>		Am Pm	Am Pm			
<b>Total Hours For The Week:</b>						

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