

Consumer Directed Personal Assistance Services Personal Assistant Timesheet

Allen Health Care Services, Inc.

Week Ending Friday (date): July 6, 2018

Employer(Consumer): Hal Tunder
 Employer Address: 1 Austin Street
 Employer Phone #: 555-555-5555

Personal Assistant Names: Art Gecco
 Personal Assistant ID : 600001
 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
Saturday		Am Pm				
Sunday		Am Pm				
Monday	July 2	9 AM Pm	12 AM Pm	3	Hal Tunder	Art Gecco
Tuesday		Am Pm				
Wednesday		Am Pm				
Thursday	July 5	9 AM Pm	12 AM Pm	3	Hal Tunder	Art Gecco
Friday	July 6	9 AM Pm	12 AM Pm	3	Hal Tunder	Art Gecco
Total Hours For The Week:				9		

Fax: (917)201-7407 or 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 98th 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