

Individual: (Last Name, First Name)

Individual ID (DDD ID):

Employee: (Last Name, First Name)

Employee ID:

Plan ID:

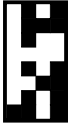
Outcome No.:

Service No.:

Procedure/Waiver Code (Fill 1)

- H2021HI52       S5110HI
- T2015S           T1005HIU8
- H2016HIU8       T100522
- H2016ISE         T2041HIU7
- T1013HI52       A0090HI52

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	Week 1										Week 2									
	Begin: Monday (mm/dd/yyyy)					End: Sunday (mm/dd/yyyy)					End: Sunday (mm/dd/yyyy)									
	Time In		AM/PM		Time Out		AM/PM		Sub-Total Hours		Time In		AM/PM		Time Out		AM/PM		Sub-Total Hours	
	HH	MM			HH	MM			HH	MM	HH	MM			HH	MM			HH	MM
Mon			AM	PM			AM	PM					AM	PM			AM	PM		
Tue			AM	PM			AM	PM					AM	PM			AM	PM		
Wed			AM	PM			AM	PM					AM	PM			AM	PM		
Thu			AM	PM			AM	PM					AM	PM			AM	PM		
Fri			AM	PM			AM	PM					AM	PM			AM	PM		
Sat			AM	PM			AM	PM					AM	PM			AM	PM		
Sun			AM	PM			AM	PM					AM	PM			AM	PM		

By signing below, I certify that I have provided the services to the individual during the times described on this timesheet.

Date (mm/dd/yyyy):

Employee Signature:

/  /

By signing below, I certify that the individual has received the hours of service as reported above.

Date (mm/dd/yyyy):

Authorized Representative/Employer Signature:

/  /

\* USE BLACK INK, PRINT ONE CHARACTER PER BOX, TRY NOT TO TOUCH THE LINES!!!
 CORRECT →    
 INCORRECT →

\* SUBMIT YOUR TIMESHEET ONLINE! GO TO [HTTPS://FMS.PUBLICPARTNERSHIPS.COM](https://fms.publicpartnerships.com) FOR FAST, SECURE, REAL-TIME VALIDATION



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