



CA GGRC - Participant Directed Services Timesheet

30374

Participant's Name: _____

Participant ID: _____

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Service Code:

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Worker's Name: _____

Worker ID: _____

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FAX: PPL @ 1-855-597-3876

MAIL: PUBLIC PARTNERSHIPS LLC, ATTN: CA GGRC, One Cabot Road, STE 102 Medford, MA 02155

Year

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Specify Pay Period:

1st - 15th

16th to End of Month

Date Worked		Time IN		Time OUT		Time IN		Time OUT						
Month	Day	HH	MM	HH	MM	HH	MM	HH	MM					
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By signing below, I certify that I have provided the services to the consumer during the times described on this timesheet.

Date: _____

Worker Signature: _____

I certify that the consumer has received hours of service as reported above.

Date: _____

Consumer/Employer or Representative: _____

NOTE:

- 1. For the Service Code box, please enter the code that correspond to the service delivered. These can be found on the Timesheet Service Code list in the enrollment packets. If you delivered more than one type of service during this pay period, you will need to complete a separate timesheet per service code.
- 2. If you work through midnight, enter your Time Out on the first day as 11:59 PM. On the next line enter your Time In on day two as 12:00 AM.
- 3. Use Black Ink; Fill in Circles Completely; DO NOT PhotoCopy

