

PUBLIC PARTNERSHIPS, LLC ATTENDANT TIME SHEET (UnitedHealthcare Community Plan - SDAC Service Option)

PPL Attendant ID:

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Member AHCCCS ID Number:

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Service Type(fill one)

- Attendant Care, Non-Family Member
- Attendant Care, Family Member NOT Living in Home
- Attendant Care, Family Member Living in Home

Attendant's Name: _____

Member's Name: _____

FAX: PPL @ 1-866-710-5322 MAIL: PUBLIC PARTNERSHIPS LLC - AZ MCO, 7776 S. Point Pkwy West, STE #150 Phoenix, AZ 85044

Week 1

Begin: Monday (mm/dd/yyyy)

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Week 2

End: Sunday (mm/dd/yyyy)

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	Time IN		AM	PM	Time OUT		AM	PM	Total Hours	
Mon			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
Tue			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
Wed			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
Thu			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
Fri			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
Sat			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
Sun			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		

	Time IN		AM	PM	Time OUT		AM	PM	Total Hours	
Mon			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
Tue			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
Wed			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
Thu			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
Fri			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
Sat			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
Sun			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		

By signing below, I certify that I have provided the services to the member during the times described on this time sheet.

Date:

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Attendant Signature: _____

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

Date:

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Member or Responsible Party Signature: _____

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