NY CDPAP – Consumer Directed Services Timesheet

_____ PRC-NY- _____
Consumer's Name — *Consumer PPL ID*

_____ PRV-NY- _____
Personal Assistant's Name — *PA PPL ID*

Service Type

☐ One Consumers ☐ Not Live-In
☐ Two Consumers* ☐ Live-In
☐ SSL** ☐ Unpaid Sick Time***
☐ Service Type _____

**Other Consumer* _____

FAX: PPL@ 844-244-4384
EMAIL: NYCDPAP_TS@pplfirst.com
Mail: Public Partnerships LLC, 17 Plaza Drive, Latham, NY 12110

**SSL must be submitted on a separate timesheet
***Only applies to PAs working for NYC consumers

Begin Sunday: ____ / ____ / ____ End Saturday: ____ / ____ / ____

	Time In	AM/PM	Time Out	AM/PM	Total Hours	Location
Sunday	:	AM ☐ PM ☐	:	AM ☐ PM ☐		☐ Home ☐ Other
	:	AM ☐ PM ☐	:	AM ☐ PM ☐		☐ Home ☐ Other
Monday	:	AM ☐ PM ☐	:	AM ☐ PM ☐		☐ Home ☐ Other
	:	AM ☐ PM ☐	:	AM ☐ PM ☐		☐ Home ☐ Other
Tuesday	:	AM ☐ PM ☐	:	AM ☐ PM ☐		☐ Home ☐ Other
	:	AM ☐ PM ☐	:	AM ☐ PM ☐		☐ Home ☐ Other
Wednesday	:	AM ☐ PM ☐	:	AM ☐ PM ☐		☐ Home ☐ Other
	:	AM ☐ PM ☐	:	AM ☐ PM ☐		☐ Home ☐ Other
Thursday	:	AM ☐ PM ☐	:	AM ☐ PM ☐		☐ Home ☐ Other
	:	AM ☐ PM ☐	:	AM ☐ PM ☐		☐ Home ☐ Other
Friday	:	AM ☐ PM ☐	:	AM ☐ PM ☐		☐ Home ☐ Other
	:	AM ☐ PM ☐	:	AM ☐ PM ☐		☐ Home ☐ Other
Saturday	:	AM ☐ PM ☐	:	AM ☐ PM ☐		☐ Home ☐ Other
	:	AM ☐ PM ☐	:	AM ☐ PM ☐		☐ Home ☐ Other

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

Personal Assistant Signature

Date ____ / ____ / ____

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

Consumer or Designated Representative Signature

Date ____ / ____ / ____

1. If you work overnight, enter your Time Out on the first day as 11:59 PM. On the next line, enter your Time In on the second day as 12:00 AM.
2. Use black ink. Fill in boxes completely. Print one character per box, and try not to touch the lines.
3. If there is an issue with your paper timesheet, please provide the best contact number for PPL to notify you of errors _____.