



NY CDPAP – Consumer Directed Services Timesheet

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

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

Service Type	
<input type="checkbox"/> One Consumers	<input type="checkbox"/> Not Live-In
<input type="checkbox"/> Two Consumers*	<input type="checkbox"/> Live-In
<input type="checkbox"/> PTO**	
<input type="checkbox"/> Service Type _____	

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

*Other Consumer _____
**PTO must be submitted on a separate timesheet

Begin Sunday: / /

End Saturday: / /

	Time In	AM/PM	Time Out	AM/PM	Total Hours	Location
Sunday	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
Monday	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
Tuesday	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
Wednesday	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
Thursday	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
Friday	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
Saturday	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> 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. _____