

Make sure your timesheet is filled out completely and correctly. All entries must be printed neatly inside the boxes, without touching any border (see examples below). AM/PM bubbles must be filled completely. If letters or numbers are not within the boxes, or are not readable, payment may be delayed. Each shift worked must include Service Date, Time In with AM/PM, Time Out with AM/PM, and Service Code.


Fill circles like this: <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Not like this: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>									
Fill boxes like this: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px 5px;">A</td><td style="padding: 2px 5px;">B</td><td style="padding: 2px 5px;">C</td><td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">3</td></tr></table>	A	B	C	1	2	3	Not like this: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px 5px;">ABC</td><td style="padding: 2px 5px;">12</td><td style="padding: 2px 5px;">3</td></tr></table>	ABC	12	3
A	B	C	1	2	3					
ABC	12	3								

1. **PDW Name.** Print PDW's Name.
2. **Employee ID.** First seven digits of employee ID number.
3. **Participant Name.** Print Participant's Name.
4. **Participant ID.** Seven digit participant ID number.
5. **Service Date.** The date services were provided, in MM/DD format.
6. **Time In.** The time your shift began, in HH:MM format. Choose **AM** or **PM** by filling in the correct circle.
7. **Time Out.** The time your shift ended, in HH:MM format. Choose **AM** or **PM** by filling in the correct circle.
8. **Task.** Choose which task(s) you completed for this shift by filling in the correct circle(s). Fill in as many as needed.
9. **Participant Initials.** The participant initials each shift to sign off that work and task(s) were completed according to plan.
10. **"Other" task explanation (if applicable).** If an "other" task circle was filled in, use this space to specify what was completed.
11. **PDW Signature.**
12. **PDW Signature Date.** In MM/DD/YY format. This must be **on or after** the last day worked

*** GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPT OF HEALTH CARE FINANCE
LONG-TERM CARE ADMINISTRATION

Participant-directed Community Supports/ Participant-directed Worker (PDW) Timesheet

Work weeks are Sunday through Saturday. Time must be submitted weekly on Monday by Midnight. Late time or mistakes may result in late pay. Time must be submitted AFTER all work is completed. Avoid the hassle of paper timesheets. Enter and approve time the quick, easy and secure way at www.cdcpportal.com.



1 PDW Name (Please Print)

2 Employee ID

3 Participant Name (Please Print)

4 Participant ID

Service Date	Time In	Time Out	Task							Participant Initials
			Bath/Perf	Mobi/TransF	Meal/Prep/Clean	Toileting	Shopping	Laundry	Rec Activity	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										

10 For any use of "other" in the Task field:

I certify that the hours, services, and tasks indicated above were provided to the Participant by the PDW as recorded. The Participant was not in a hospital, nursing home, or institution. False information or misrepresentation constitutes Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution.

11 PDW Signature

13 Participant/Representative Signature

12 Date (MM/DD/YY)

14 Date (MM/DD/YY)

Return to:

InfoCDDC@consumerdirectcare.com
Fax: 855-436-9066

26221

Rev: 12/02/2019

11. **PDW Signature.**
12. **PDW Signature Date.** In MM/DD/YY format. This must be **on or after** the last day worked
13. **Participant Signature.**
14. **Participant Signature Date.** In MM/DD/YY format. This must be **on or after** the last day worked