



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;">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
A	B	C	1	2	3								
A	B	C	1	2	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.



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




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

For the week of service, timesheets are due the following Monday by Midnight if faxed or dropped off, and postmarked by Monday if mailed. Timesheets are due every week. Due to the timing of the payroll cycle, late timesheets will result in late pay. Timesheets must be signed AFTER all work is completed. Advance timesheets will not be accepted.


PDW Name (Please Print)	Employee ID	Participant Name (Please Print)	Participant ID
1	2	3	4
Service Date (MM/DD)	Time In	Time Out	Task
5	6	7	8
	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	9
2	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> Bath/ <input type="radio"/> Per <input type="radio"/> Dressing <input type="radio"/> Meal Prep/ <input type="radio"/> Feeding <input type="radio"/> Mobility/ <input type="radio"/> Transfer <input type="radio"/> Training <input type="radio"/> Meal Prep/ <input type="radio"/> Clean <input type="radio"/> Laundry <input type="radio"/> Rec Activity <input type="radio"/> Other 1 <input type="radio"/> Other 2
3	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> Bath/ <input type="radio"/> Per <input type="radio"/> Dressing <input type="radio"/> Meal Prep/ <input type="radio"/> Feeding <input type="radio"/> Mobility/ <input type="radio"/> Transfer <input type="radio"/> Training <input type="radio"/> Meal Prep/ <input type="radio"/> Clean <input type="radio"/> Laundry <input type="radio"/> Rec Activity <input type="radio"/> Other 1 <input type="radio"/> Other 2
4	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> Bath/ <input type="radio"/> Per <input type="radio"/> Dressing <input type="radio"/> Meal Prep/ <input type="radio"/> Feeding <input type="radio"/> Mobility/ <input type="radio"/> Transfer <input type="radio"/> Training <input type="radio"/> Meal Prep/ <input type="radio"/> Clean <input type="radio"/> Laundry <input type="radio"/> Rec Activity <input type="radio"/> Other 1 <input type="radio"/> Other 2
5	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> Bath/ <input type="radio"/> Per <input type="radio"/> Dressing <input type="radio"/> Meal Prep/ <input type="radio"/> Feeding <input type="radio"/> Mobility/ <input type="radio"/> Transfer <input type="radio"/> Training <input type="radio"/> Meal Prep/ <input type="radio"/> Clean <input type="radio"/> Laundry <input type="radio"/> Rec Activity <input type="radio"/> Other 1 <input type="radio"/> Other 2
6	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> Bath/ <input type="radio"/> Per <input type="radio"/> Dressing <input type="radio"/> Meal Prep/ <input type="radio"/> Feeding <input type="radio"/> Mobility/ <input type="radio"/> Transfer <input type="radio"/> Training <input type="radio"/> Meal Prep/ <input type="radio"/> Clean <input type="radio"/> Laundry <input type="radio"/> Rec Activity <input type="radio"/> Other 1 <input type="radio"/> Other 2
7	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> Bath/ <input type="radio"/> Per <input type="radio"/> Dressing <input type="radio"/> Meal Prep/ <input type="radio"/> Feeding <input type="radio"/> Mobility/ <input type="radio"/> Transfer <input type="radio"/> Training <input type="radio"/> Meal Prep/ <input type="radio"/> Clean <input type="radio"/> Laundry <input type="radio"/> Rec Activity <input type="radio"/> Other 1 <input type="radio"/> Other 2
8	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> Bath/ <input type="radio"/> Per <input type="radio"/> Dressing <input type="radio"/> Meal Prep/ <input type="radio"/> Feeding <input type="radio"/> Mobility/ <input type="radio"/> Transfer <input type="radio"/> Training <input type="radio"/> Meal Prep/ <input type="radio"/> Clean <input type="radio"/> Laundry <input type="radio"/> Rec Activity <input type="radio"/> Other 1 <input type="radio"/> Other 2
9	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> Bath/ <input type="radio"/> Per <input type="radio"/> Dressing <input type="radio"/> Meal Prep/ <input type="radio"/> Feeding <input type="radio"/> Mobility/ <input type="radio"/> Transfer <input type="radio"/> Training <input type="radio"/> Meal Prep/ <input type="radio"/> Clean <input type="radio"/> Laundry <input type="radio"/> Rec Activity <input type="radio"/> Other 1 <input type="radio"/> Other 2
10	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> Bath/ <input type="radio"/> Per <input type="radio"/> Dressing <input type="radio"/> Meal Prep/ <input type="radio"/> Feeding <input type="radio"/> Mobility/ <input type="radio"/> Transfer <input type="radio"/> Training <input type="radio"/> Meal Prep/ <input type="radio"/> Clean <input type="radio"/> Laundry <input type="radio"/> Rec Activity <input type="radio"/> Other 1 <input type="radio"/> Other 2
11	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> Bath/ <input type="radio"/> Per <input type="radio"/> Dressing <input type="radio"/> Meal Prep/ <input type="radio"/> Feeding <input type="radio"/> Mobility/ <input type="radio"/> Transfer <input type="radio"/> Training <input type="radio"/> Meal Prep/ <input type="radio"/> Clean <input type="radio"/> Laundry <input type="radio"/> Rec Activity <input type="radio"/> Other 1 <input type="radio"/> Other 2
12	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> Bath/ <input type="radio"/> Per <input type="radio"/> Dressing <input type="radio"/> Meal Prep/ <input type="radio"/> Feeding <input type="radio"/> Mobility/ <input type="radio"/> Transfer <input type="radio"/> Training <input type="radio"/> Meal Prep/ <input type="radio"/> Clean <input type="radio"/> Laundry <input type="radio"/> Rec Activity <input type="radio"/> Other 1 <input type="radio"/> Other 2
13	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> Bath/ <input type="radio"/> Per <input type="radio"/> Dressing <input type="radio"/> Meal Prep/ <input type="radio"/> Feeding <input type="radio"/> Mobility/ <input type="radio"/> Transfer <input type="radio"/> Training <input type="radio"/> Meal Prep/ <input type="radio"/> Clean <input type="radio"/> Laundry <input type="radio"/> Rec Activity <input type="radio"/> Other 1 <input type="radio"/> Other 2
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>any use of "other" in the Service field:</p> <p>10</p> </div> <div style="width: 40%;"> <p>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.</p> </div> </div>			
<p>11 PDW Signature</p>		<p>12 (MM/DD/YY)</p>	
<p>13 Participant/Representative Signature</p>		<p>14 (MM/DD/YY)</p>	

Return to:



1010 Vermont Ave NW, Suite 1003
Washington DC, 20005
Phone: (844) 381-4432
Fax: (877) 763-2165

29570



- 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