



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. **Want to avoid the hassle of paper timesheets? Enter your time the quick, easy, and secure way! Ask your local office about the Consumer Direct Care Network Portal today!**

PDW Name (Please Print)	Employee ID	Participant Name (Please Print)	Participant ID

Service Date (MM/DD)	Time In	Time Out	Task										Participant Initials		
			Bath/ Pels Hyg	Dressing	Mob/Transf	Eating	Meal Prep/Clean	Toileting	Shopping	Rec Activity	Laundry	Other 1*		Other 2*	
1	: ○ AM ○ PM	: ○ AM ○ PM	○	○	○	○	○	○	○	○	○	○	○	○	
2	: ○ AM ○ PM	: ○ AM ○ PM	○	○	○	○	○	○	○	○	○	○	○	○	
3	: ○ AM ○ PM	: ○ AM ○ PM	○	○	○	○	○	○	○	○	○	○	○	○	
4	: ○ AM ○ PM	: ○ AM ○ PM	○	○	○	○	○	○	○	○	○	○	○	○	
5	: ○ AM ○ PM	: ○ AM ○ PM	○	○	○	○	○	○	○	○	○	○	○	○	
6	: ○ AM ○ PM	: ○ AM ○ PM	○	○	○	○	○	○	○	○	○	○	○	○	
7	: ○ AM ○ PM	: ○ AM ○ PM	○	○	○	○	○	○	○	○	○	○	○	○	
8	: ○ AM ○ PM	: ○ AM ○ PM	○	○	○	○	○	○	○	○	○	○	○	○	
9	: ○ AM ○ PM	: ○ AM ○ PM	○	○	○	○	○	○	○	○	○	○	○	○	
10	: ○ AM ○ PM	: ○ AM ○ PM	○	○	○	○	○	○	○	○	○	○	○	○	
11	: ○ AM ○ PM	: ○ AM ○ PM	○	○	○	○	○	○	○	○	○	○	○	○	
12	: ○ AM ○ PM	: ○ AM ○ PM	○	○	○	○	○	○	○	○	○	○	○	○	
13	: ○ AM ○ PM	: ○ AM ○ PM	○	○	○	○	○	○	○	○	○	○	○	○	

* Specify 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.

PDW Signature

Participant/Representative Signature

Date (MM/DD/YY)

Date (MM/DD/YY)

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Return to:



1010 Vermont Ave NW, Suite 1003
Washington DC, 20005
Phone: (844) 381-4432
Fax: (855) 436-9066

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Timesheet Instructions

Want to avoid the hassle of paper timesheets and mileage forms? Enter your time and mileage the fast, easy, and secure way at the Consumer Direct Care Network Portal! Ask your local office how to sign up.

<p>These items must be completed for your timesheet to be processed:</p> <ul style="list-style-type: none">• PDW Name• Employee ID• Participant Name• Member/Employer ID• PDW Signature & Date<ul style="list-style-type: none">○ Must be dated on or after the last day worked.• Participant/Rep Signature & Date<ul style="list-style-type: none">○ Must be dated on or after the last day worked.	<p>Each line of time must include:</p> <ul style="list-style-type: none">• Service Date (MM/DD format for each line)• Time In (with AM/PM)• Time Out (with AM/PM)• Service• Participant/Rep's Initials <p>Make sure your timesheet is filled out completely and correctly, with all entries made neatly inside the boxes. Payment may be delayed if letters or numbers are not printed neatly inside the boxes WITHOUT touching any lines, or are not readable.</p> <p>Please continue on a second timesheet if you run out of room on the first. Bold items on the list to the left must also be filled in on the second form.</p>
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For best results use **BLACK** ink

Shade circles completely, like this: 

Not like this:   

Fill boxes like this:

A	B	C	1	2	3
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Not like this:

A	B	C	1	2	3
---	---	---	---	---	---

Back page is for information only. Please do not submit it with your timesheet.

