

### 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.cdcnportal.com](http://www.cdcnportal.com).

<b>PDW Name (Please Print)</b>	<b>Employee ID</b>	<b>Participant Name (Please Print)</b>	<b>Participant ID</b>

Service Date	Time In		Time Out		Task										Participant Initials		
	Month (MM)	Day (DD)	Hour (hh)	Min (mm)	Hour (hh)	Min (mm)	Bath/ Pers Hyg	Dressing	Mob/ Transf	Meal Prep/Clean	Toileting	Shopping	Rec Activity	Laundry		Other 1*	Other 2*
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	

\* 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**

**Date (MM/DD/YY)**

**Participant/Representative Signature**

**Date (MM/DD/YY)**

Return to:



[InfoCDDC@consumerdirectcare.com](mailto:InfoCDDC@consumerdirectcare.com)

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><b>These items must be completed for your timesheet to be processed:</b></p> <ul style="list-style-type: none"><li>• <b>PDW Name</b></li><li>• <b>Employee ID</b></li><li>• <b>Participant Name</b></li><li>• <b>Member/Employer ID</b></li><li>• <b>PDW Signature &amp; Date</b><ul style="list-style-type: none"><li>○ Must be dated on or after the last day worked.</li></ul></li><li>• <b>Participant/Rep Signature &amp; Date</b><ul style="list-style-type: none"><li>○ Must be dated on or after the last day worked.</li></ul></li></ul>	<p><b>Each line of time must include:</b></p> <ul style="list-style-type: none"><li>• Service Date (MM/DD format for each line)</li><li>• Time In (with AM/PM)</li><li>• Time Out (with AM/PM)</li><li>• Service</li><li>• Participant/Rep's Initials</li></ul> <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	BC	123
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*Back page is for information only. Please do not submit it with your timesheet.*

