

PUBLIC PARTNERSHIPS, LLC PEP TIMESHEET (Billing Agent for New Jersey Department of Health and Senior Services)

PEP's Name: _____

Participant's Name: _____

PPL PEP ID:

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Participant's ID Number:

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- Service Type (fill one)
- Chore Services
 - Home Based Supportive Care
 - Attendant Care

 FAX: PPL @ 866-493-9968  MAIL: PUBLIC PARTNERSHIPS, ONE CABOT ROAD, STE 102 MEDFORD, MA 02155

49014

Week 1 Begin: Sunday (mm/dd/yyyy)

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Week 2 End: Saturday (mm/dd/yyyy)

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	Time IN		AM/PM	Time OUT		AM/PM	Total Hours	
Sun			AM <input type="radio"/>			PM <input type="radio"/>		
			PM <input type="radio"/>			AM <input type="radio"/>		
Mon			AM <input type="radio"/>			PM <input type="radio"/>		
			PM <input type="radio"/>			AM <input type="radio"/>		
Tue			AM <input type="radio"/>			PM <input type="radio"/>		
			PM <input type="radio"/>			AM <input type="radio"/>		
Wed			AM <input type="radio"/>			PM <input type="radio"/>		
			PM <input type="radio"/>			AM <input type="radio"/>		
Thu			AM <input type="radio"/>			PM <input type="radio"/>		
			PM <input type="radio"/>			AM <input type="radio"/>		
Fri			AM <input type="radio"/>			PM <input type="radio"/>		
			PM <input type="radio"/>			AM <input type="radio"/>		
Sat			AM <input type="radio"/>			PM <input type="radio"/>		
			PM <input type="radio"/>			AM <input type="radio"/>		

	Time IN		AM/PM	Time OUT		AM/PM	Total Hours	
Sun			AM <input type="radio"/>			PM <input type="radio"/>		
			PM <input type="radio"/>			AM <input type="radio"/>		
Mon			AM <input type="radio"/>			PM <input type="radio"/>		
			PM <input type="radio"/>			AM <input type="radio"/>		
Tue			AM <input type="radio"/>			PM <input type="radio"/>		
			PM <input type="radio"/>			AM <input type="radio"/>		
Wed			AM <input type="radio"/>			PM <input type="radio"/>		
			PM <input type="radio"/>			AM <input type="radio"/>		
Thu			AM <input type="radio"/>			PM <input type="radio"/>		
			PM <input type="radio"/>			AM <input type="radio"/>		
Fri			AM <input type="radio"/>			PM <input type="radio"/>		
			PM <input type="radio"/>			AM <input type="radio"/>		
Sat			AM <input type="radio"/>			PM <input type="radio"/>		
			PM <input type="radio"/>			AM <input type="radio"/>		

By signing below, I certify that I have provided the services to the participant during the times described on this time sheet. Date:

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PEP Signature: _____

I certify that the participant has received hours of service as reported above. Date:

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Participant or Responsible Party Signature: _____

USE BLACK INK, PRINT ONE CHARACTER PER BOX, FILL IN CIRCLES COMPLETELY, DO NOT MARK OUTSIDE THE LINES.

49014