

Partners in Personal Assistance

1100 N. Main, Suite 117

Ann Arbor, MI 48104

PPA Timesheet/Services Provider Log

Phone: (734) 214-3890, fax: (734) 214-0644

Web Site: www.annarborppa.org

Email: info@annarborppa.org

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PRINT - Personal Assistant Name _____

PRINT-Consumer-Employer Name _____

MONTH _____

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Time In																
Time Out																
Time In																
Time Out																
Time In																
Time Out																
*Total Hours																
**Total Miles																
CE's Daily Initials																
PA's daily Initials																

Services Authorization dated: _____

Services

Oral Hygiene/Grooming																
Shower/Bathing																
Dressing																
Transferring																
Toileting																
Medication Reminder																
Assistance with Eating																
Laundry																
Meals																
Household Cleaning																
Errands																
Transportation																

Consumer-Employer Signature: _____

Date: _____ Personal Assistant's Signature: _____

Date: _____

Are you satisfied with the services provided to you? YES

If NO, why not? _____

* Total Hours of all shifts worked that day for Consumer.

** CSTS Consumers: Please turn-in receipts, mileage AND descriptions of services received.

TIMESHEETS are due into PPA's office NO LATER than NOON on the 18th for the time-period of the 1st through the 15th.

It is the responsibility of the Personal Assistant to insure their timesheet is sent to, and received by, PPA for processing.

It is required for funding purposes that all timesheets are signed by both the Consumer AND Personal Assistant or it cannot be verified and processed.

8/1/2009 ppa/smdq