



NY CDPAP – Consumer Directed Services Timesheet

Paper timesheets will be temporarily accepted without an exception approval until 5/17/2025.

Consumer's Name _____ PRC-NY-

Personal Assistant's Name _____ PRV-NY-

Service Type	
<input type="checkbox"/> One Consumer	<input type="checkbox"/> Two Consumers
<input type="checkbox"/> Not Live-In	<input type="checkbox"/> Live-In
<input type="checkbox"/> PTO*	
<input type="checkbox"/> Service Type _____	

FAX: PPL@ 844-244-4384

EMAIL: NYCDPAP_TS@pplfirst.com

Mail: Public Partnerships LLC, PO Box 310, Binghamton, NY, 13902

*PTO must be submitted on a separate timesheet

Begin Sunday:

End Saturday:

	Time In			AM/PM		Time Out			AM/PM		Total Hours	Location	
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM		<input type="checkbox"/> Home	<input type="checkbox"/> Other
	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM		<input type="checkbox"/> Home	<input type="checkbox"/> Other
Monday	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM		<input type="checkbox"/> Home	<input type="checkbox"/> Other
	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM		<input type="checkbox"/> Home	<input type="checkbox"/> Other
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM		<input type="checkbox"/> Home	<input type="checkbox"/> Other
	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM		<input type="checkbox"/> Home	<input type="checkbox"/> Other
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM		<input type="checkbox"/> Home	<input type="checkbox"/> Other
	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM		<input type="checkbox"/> Home	<input type="checkbox"/> Other
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM		<input type="checkbox"/> Home	<input type="checkbox"/> Other
	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM		<input type="checkbox"/> Home	<input type="checkbox"/> Other
Friday	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM		<input type="checkbox"/> Home	<input type="checkbox"/> Other
	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM		<input type="checkbox"/> Home	<input type="checkbox"/> Other
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM		<input type="checkbox"/> Home	<input type="checkbox"/> Other
	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	:	AM	PM		<input type="checkbox"/> Home	<input type="checkbox"/> Other

By signing below, I certify that I have provided the services to the consumer during the times described on this timesheet.

Personal Assistant Signature _____

Date _____

I certify that the consumer has received hours of service as reported above.

Consumer or Designated Representative Signature _____

Date _____

1. If you work overnight, enter your Time Out on the first day as 11:59 PM. On the next line, enter your Time In on the second day as 12:00 AM.
2. Use black ink. Fill in boxes completely. Print one character per box, and try not to touch the lines.
3. If there is an issue with your paper timesheet, please provide the best contact number for PPL to notify you of errors