



## Ohio Passport – Provider Timesheet

Participant's name	PPL ID	Service type
	C O D A	HCAS
Provider's name		HCAS Travel
	P O D A	

Pay period start	Pay period end
____/____/2026	____/____/2026

	Time IN	AM	PM	Location	Time Out	AM	PM	Location	Total Hours
				Home Community				Home Community	
Day 1	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:
Day 2	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:
Day 3	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:
Day 4	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:
Day 5	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:
Day 6	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:
Day 7	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:
Day 8	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:
Day 9	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:
Day 10	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:
Day 11	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:
Day 12	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:
Day 13	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:
Day 14	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:
Day 15	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:
Day 16	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:

I certify that I have provided the services to the consumer during the times described on this timesheet.		I certify that the consumer has received hours of service as reported above.	
Provider Signature	Date	Participant or Authorized Representative Signature	Date
PPL Fax: 1-866-346-0609		Mail: Public Partnerships, LLC, ODA Passport, 17 Plaza Dr., Latham, NY 12110	