



59395

# ODA PASSPORT Provider Timesheet

Service Type (fill one)

- Choices - HCAS Travel
- Choices - HCAS
- CD-PCS
- CD-PCS Group

PPL Provider ID: P O D A

Provider's Name:

Participant ID: C O D A

Participant's Name:



FAX: PPL @ 1-866-346-0609

MAIL: PUBLIC PARTNERSHIPS, LLC - ODA Passport, 17 Plaza Drive, Suite 300 Latham, NY 12110

Start Date: Sunday (mm/dd/yyyy)

/ 20

End Date: Saturday (mm/dd/yyyy)

/ 20

Day Worked	Time IN		Location		Time OUT		Location		Total Hours	
	HH	MM	Home	Community	HH	MM	Home	Community	HH	MM
Sun			AM	PM			AM	PM		
			0	0	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Mon			AM	PM			AM	PM		
			0	0	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Tue			AM	PM			AM	PM		
			0	0	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Wed			AM	PM			AM	PM		
			0	0	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Thu			AM	PM			AM	PM		
			0	0	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Fri			AM	PM			AM	PM		
			0	0	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Sat			AM	PM			AM	PM		
			0	0	<input type="checkbox"/>	<input type="checkbox"/>			0	0

**TOTAL HOURS WORKED ON THIS TIMESHEET:**

:

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

Date: / 20

Provider Signature:

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

Date: / 20

Participant/Employer Signature:

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