

Partners in Personal Assistance

3810 Packard, Suite 100B

Ann Arbor, MI 48108

PPA Timesheet/Services Provider Log

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

Web Site: www.annarborppa.org

Email: info@annarborppa.org

PRINT - Personal Assistant Name _____

PRINT-Consumer-Partner 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																
CP's Daily Initials																
PA's daily Initials																
Travel Time fr previous CP (in minutes)																
Previous CP's initials																
Services																
Shower/Bathing																
Oral Hygiene/Grooming																
Dressing																
Transferring																
Assistance with Eating																
Medication																
Household Cleaning																
Laundry																
Shopping for Food/Pick up Meds																
Meal Prep																
Catheters or Leg Bags																
Suctioning																
Specialized Skin Care																
Range of Motion Exercises																
Transportation/Mobility																
Toileting/Bowel Program																

Consumer-Partner 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 the End of the 3rd Business Day after the end of the Pay Period

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.