



A Division of Alpha One

HBC Personal Assistant Services Timesheet

2016

Consumer's name (print)

Pay Period Beginning:

PA's name (print)

Week 1

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
	Weekly Totals	

Week 2

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
	Weekly Totals	

Monthly co-payment enclosed.

For Official use only

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Total hours worked:

I certify that the above information is true, accurate and complete. I certify that my coverage is in effect for this time period, and am not billing while in a hospital or a nursing facility. I understand that payments are from Maine State funds. Any false statements will be prosecuted under applicable laws.

Consumer's Signature: Date:

New Phone Number:

PA's Signature: Date:

New Phone Number: