



CO CDASS Semimonthly Timesheet

Effective 8/1/20 Paper timesheets are only allowed for live-in attendants with an **approved** exemption for EVV! If you do not have an approved exemption your timesheet will be rejected.

1. Consumer Name
 3. Attendant Name

2. Consumer Identification Number
 4. Attendant Identification Number

RATE TYPES

- Rate 1 = R1
- Rate 2 = R2
- Rate 3 = R3

5. Service Period 1st-15th 16th-EOM
 Month Year

For instructions on completing the timesheet, visit www.palcofirst.com

SLS WAIVER ONLY

- SLS CDASS Health Maintenance Rate 1 = S1
- SLS CDASS Health Maintenance Rate 2 = S2
- SLS CDASS Health Maintenance Rate 3 = S3

6. Services Provided

Date	Rate Type	Time In			Time Out				
		H	H	Min - Round to the nearest 15 min	H	H	Min - Round to the nearest 15 min		
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7. Attendant Signature
 7.a. Date
 7.b. Employer Signature
 7.c. Date

Your signature confirms the information provided above is complete and accurate

Timesheets are due to Palco by 12:00 pm MST on the first day after the end of the pay period.

Fax: 1-877-859-8757.

Email: timesheets@palcofirst.com Mail: P.O. Box 242930, Little Rock, AR 72223