

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		2. Consur	ner Identific	ation Num		ATE TYPES		
3. Attendant Name		4. Attendant Identification Number				Rate 1 = R1 Rate 2 = R2		
					Ra	ate 3 = R3		
5. Service Period O <sub>1st-15th</sub> O <sub>16th-EOM</sub> Month Year		For instructions on completing the timesheet, visit www.palcofirst.comSLS WAIVER ONLYSLS CDASS Health Maintenance Rate 1 = S1 SLS CDASS Health Maintenance Rate 2 = S2 SLS CDASS Health Maintenance Rate 3 = S3						
6. Services Provided Rate								
Date Type	Time	Min D	ound to the ne	earest 15 min	Time Ou H H		nd to the near	rest 15 min
		$\begin{bmatrix} 0 & 00 \\ 0 & 30 \end{bmatrix}$	$\bigcirc$ 15 $\bigcirc$ 45	O am O pm		○ 00 ○ 30	15 45	О ам О рм
		$\begin{bmatrix} 0 & 00 \\ 0 & 30 \end{bmatrix}$	O 15 O 45	О ам О рм		O 00 O 30	() 15 () 45	О ам О рм
			0 15 0 45	O am O pm		<ul><li>○ 00</li><li>○ 30</li></ul>	() 15 () 45	O am O pm
		$\left[\begin{array}{c} O & 00 \\ O & 30 \end{array}\right]$	O 15 O 45	О ам О рм		O 00 O 30	() 15 () 45	О ам О рм
			O 15 O 45	O am O pm		O 00 O 30	0 15 0 45	O AM O PM
			O 15 O 45	O am O pm		O 00 O 30	() 15 () 45	О ам О рм
			O 15 O 45	O am O pm		O 00 O 30	O 15 O 45	O AM O PM
		0 00 0 30	0 15 0 45	O am O pm		O 00 O 30	O 15 O 45	O am O pm
		00 0 30	O 15 O 45	O AM O PM		O 00 O 30	0 15 0 45	O AM O PM
		0 00 0 30	O 15 O 45	O am O pm		O 00 O 30	() 15 () 45	O am O pm
		0 00 0 30	0 15 0 45	O am O pm		O 00 O 30	O 15 O 45	O AM O PM
			O 15 O 45	O am O pm		O 00 O 30	O 15 O 45	О ам О рм
			O 15 O 45	O am O pm		○ 00 ○ 30	0 15 0 45	O AM O PM
			O 15 O 45	O am O pm		O 00 O 30	() 15 () 45	О ам О рм
			8 15 45	8 am Pm		<ul><li>○ 00</li><li>○ 30</li></ul>	0 15 0 45	O AM O PM
		8 00	O 15 45	8 am Pm		O 00 O 30	() 15 () 45	O am O pm
7. Attendant Signature	7.a. D	Date	7.b.	Employer S	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 TS-060043-BMT-1.0