## **West Virginia Personal Options Program**

Paper timesheets are only allowed for live-in caregivers who are exempt from EVV. To avoid your timesheet being rejected, please make sure you are exempt from EVV and that everything is filled out before submitting.



1 5 11	Dominion and Information Name 1										
1. Participant Name			2.Participant Identification Number SERVICES							5	
			$ \bigsqcup \bigsqcup$		$\bigsqcup L$		li.	ADW I	Naiver		
3. Caregiver Name			4. Caregiver Identification Number								
3	I/DD Waiver   • Person-Centered Support (PCS										
				<u> </u>	<u> </u>		;	<ul><li>Perso</li><li>Respi</li></ul>		ered Supp	ort (PCS)
5. Month/Y	For ins	truction	s on co	mpleting	the ¦	TBI W	aiver				
Month: Year:						oalcofirst 		• Perso		ndant Se	rvices
6. Services	Provided										
Date	Date Service Type		ime In H H		Min - Round to the nearest 15 min		Time Out H H		Min - Round to the nearest 15 min		
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				O 30	O 45	O PM		(	<b>O</b> 30	O45	O PM
				O 00 O 30	O 15 O 45	O AM O PM		(	O 00	O 15 O 45	O AM O PM
				O 00 O 30	O 15 O 45	O AM O PM			O 00	O 15 O 45	O AM O PM
				O 00 O 30	O 15 O 45	O AM O PM			O 00 O 30	O 15 O 45	O AM O PM
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				O 00 O 30	O 15 O 45	O AM O PM			O 00 O 30	O 15 O 45	O AM O PM
7. Checklist	••										
Filled in date & time in/out			esheet submitted after hours worked Used blue or bl					lack ink			
☐ Verified hours worked each day/week ☐ Emp			loyer & caregiver both signed Did NOT use white-out								
8. Caregiver Signature		8a. D	ate	8b. E	8b. Employer Signature					8c. Date	

Your signature confirms the information provided above is complete and accurate. Timesheets are due to Palco by 12:00 pm Eastern Time on the first day after the end of the pay period. Fax: 1-877-859-8757 Email: <a href="mailto:timesheets@palcofirst.com">timesheets@palcofirst.com</a> Mail: P.O. Box 242930, Little Rock, AR 72223