

# 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. Participant Name	2. Participant Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SERVICES</b>  <b>ADW Waiver</b> <ul style="list-style-type: none"> <li>• Personal Attendant Services</li> </ul> <b>I/DD Waiver</b> <ul style="list-style-type: none"> <li>• Person-Centered Support (PCS)</li> <li>• Respite</li> </ul> <b>TBI Waiver</b> <ul style="list-style-type: none"> <li>• Personal Attendant Services</li> </ul>
3. Caregiver Name	4. Caregiver Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
5. Month/Year Month:                      Year:	<i>For instructions on completing the timesheet, visit <a href="http://www.palcofirst.com">www.palcofirst.com</a></i>	

6. Services Provided									
Date	Service Type	Time In	H	H	Min - Round to the nearest 15 min	Time Out	H	H	Min - Round to the nearest 15 min
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 00 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 00 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 00 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 00 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM
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		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 00 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 00 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM
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		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 00 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 00 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM
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		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 00 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 00 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM

7. Checklist:		
<input type="checkbox"/> Filled in date & time in/out	<input type="checkbox"/> Timesheet submitted after hours worked	<input type="checkbox"/> Used blue or black ink
<input type="checkbox"/> Verified hours worked each day/week	<input type="checkbox"/> Employer & caregiver both signed	<input type="checkbox"/> Did NOT use white-out

8. Caregiver Signature	8a. Date	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: [timesheets@palcoirst.com](mailto:timesheets@palcoirst.com) Mail: P.O. Box 13260, Maumelle, AR 72113