

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. Consumer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RATE TYPES Rate 1 = R1 Rate 2 = R2 Rate 3 = R3
3. Attendant Name 	4. Attendant Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
5. Service Period <input type="radio"/> 1st-15th <input type="radio"/> 16th-EOM Month: _____ Year: _____		SLS WAIVER ONLY <small>SLS CDASS Health Maintenance Rate 1 = S1 SLS CDASS Health Maintenance Rate 2 = S2 SLS CDASS Health Maintenance Rate 3 = S3</small>

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

6. Services Provided									
Date	Rate 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="radio"/> 00 <input type="radio"/> 15 <input type="radio"/> AM <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> PM	<input type="text"/> <input type="text"/>	<input type="radio"/> 00 <input type="radio"/> 15 <input type="radio"/> AM <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> PM				
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7. Attendant Signature	7a. Date	7b. Employer Signature	7c. Date
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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 13260 Maumelle, AR 72113
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