DDS Timesheet
Fiscal Intermediary Services

MFP

FAX to: (860) 627-0330 or toll-free 866-598-2227
MAIL to: P.O. Box 509, East Windsor, CT 06088-0509

Part I: Employee / Employer Information

Employee **First** Name

Employee **Last** Name

Employer **First** Name

Employer **Last** Name

Employee Mailing Address:

City: State: Zip Code:

DDS Number:

Participant's Name:

Employee Telephone Number: ( ) -

Pay Period Ending Date: / /

Employer Number:

Employee Number:

Service Code Key

Personal Support: PER
Respite Flat Rate (24hr): RES
Respite Hourly: RES2
Individual Day Support: IND
IS Habilitation: ISHAB
Adult Companion: COMP
FICS: FICS
Supported Living: SL

Part II: Timesheet (YOU ARE REQUIRED TO COMPLETE THIS TIME SHEET AND YOU MUST OBTAIN THE EMPLOYER SIGNATURE BELOW)

Day	Date Mo/Day/Yr	Service Code	Time In	Time Out	Time In	Time Out	Total Hours for Day
Sat	/ /		: AM PM	: AM PM	: AM PM	: AM PM	:
Sun	/ /		: AM PM	: AM PM	: AM PM	: AM PM	:
Mon	/ /		: AM PM	: AM PM	: AM PM	: AM PM	:
Tues	/ /		: AM PM	: AM PM	: AM PM	: AM PM	:
Wed	/ /		: AM PM	: AM PM	: AM PM	: AM PM	:
Thur	/ /		: AM PM	: AM PM	: AM PM	: AM PM	:
Fri	/ /		: AM PM	: AM PM	: AM PM	: AM PM	:

Day	Date Mo/Day/Yr	Service Code	Time In	Time Out	Time In	Time Out	Total Hours for Day
Sat	/ /		: AM PM	: AM PM	: AM PM	: AM PM	:
Sun	/ /		: AM PM	: AM PM	: AM PM	: AM PM	:
Mon	/ /		: AM PM	: AM PM	: AM PM	: AM PM	:
Tues	/ /		: AM PM	: AM PM	: AM PM	: AM PM	:
Wed	/ /		: AM PM	: AM PM	: AM PM	: AM PM	:
Thur	/ /		: AM PM	: AM PM	: AM PM	: AM PM	:
Fri	/ /		: AM PM	: AM PM	: AM PM	: AM PM	:

By signing below, I certify that I provided the services to the consumer for the times recorded on this timesheet.

Employee Name (Printed) Employee Signature Date / /

I certify that the consumer has received the hours of service recorded on this timesheet.

Employer Name (Printed) Employer Signature Date / /

Please do NOT write or stamp in this area

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ACR-FI for DDS