Self Determination/Choice Voucher - Payroll/Progress/Service Note



Pay periods are the 1st-15th and the 16th-end of month. Timesheets are due by the 3rd (period of 16-31st) and 18th (period of 1st-15th) of each month. Paydays are the 15th and 30th of each month. Timesheets need to be signed by both the Employee and Employer after each pay period. You are required to stay within the allowed budgeted hours for the Employer, otherwise those hours won't be paid by CLN. Any timesheet submitted after 30 days from the date of service will not be paid by CLN, <u>due to our CMH billing submisission requirements.</u>

| | | | Case #: | | | Phone #: | Pay Period: | | | | |
|------------|----------------|------------------|---------|---------------|----------------|--|-------------------------|--------------------------|---------------------------|-------------------------------|-----------------------------|
| | Last Four SS#: | | | | Phone #:/ to/ | | | / | | | |
| Start Time | AM/PM | Stop Time | AM/PM | Hours | Service | Notes (Please print legibly using blue or black ink) | | | | | |
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| | Start Time | Start Time AM/PM | | Last Four SS# | Last Four SS#: | | Last Four SS#: Phone #: | Last Four SS#: Phone #:/ | Last Four SS#: Phone #:// | Last Four SS#: Phone #: // to | Last Four SS#: Phone #:/to/ |

CLN will complete the totals below, not all services are applicable to everyone.

| CLS: Respite: | CLS Holiday | Respite Holiday | Training | | | |
|--|----------------|---|---|--|--|--|
| Employee Signature: | | My signature partition that they are inview | d this information and to the best of my knowledge, it is | | | |
| | Date | My signature certifies that t have reviewed this information and to the best of my knowledge, it is true and complete. It also certifies that I, the Consumer or Consumer Representative, knowingly provide service note information to my Fiscal Intermediary, waiving any confidentiality claims. | | | | |
| Employer Signature: | | provide service note information to my F | iscal intermediary, waiving any confidentiality claims. | | | |
| | Date | | | | | |
| 301 W. Michigan Ave St 102 Ypsilanti, MI 48197 | Email: Timeshe | ets@communityalliance.com | Fax: 734-482-3894 | | | |