ACES$: Avenues to Consumer Employer Services & $upport

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Fax The Timesheet Toll Free at: (877) 808 - 7014

Start of Payroll Period __ __ / __ __ / __ __ **End of Payroll Period** __ __ / __ __ / __ __

Consumer Number ____ Consumer Name _____ PSW 5 Last Digits of SSN _____ PSW Name _____

DATE	TIME IN	TIME OUT	TOTAL	DATE	TIME IN	TIME OUT	TOTAL
1	: AM ○ PM ○	: AM ○ PM ○	.	9	: AM ○ PM ○	: AM ○ PM ○	.
2	: AM ○ PM ○	: AM ○ PM ○	.	10	: AM ○ PM ○	: AM ○ PM ○	.
3	: AM ○ PM ○	: AM ○ PM ○	.	11	: AM ○ PM ○	: AM ○ PM ○	.
4	: AM ○ PM ○	: AM ○ PM ○	.	12	: AM ○ PM ○	: AM ○ PM ○	.
5	: AM ○ PM ○	: AM ○ PM ○	.	13	: AM ○ PM ○	: AM ○ PM ○	.
6	: AM ○ PM ○	: AM ○ PM ○	.	14	: AM ○ PM ○	: AM ○ PM ○	.
7	: AM ○ PM ○	: AM ○ PM ○	.	15	: AM ○ PM ○	: AM ○ PM ○	.
8	: AM ○ PM ○	: AM ○ PM ○	.		: AM ○ PM ○	: AM ○ PM ○	.
		TOTAL	.			TOTAL	.

☐ Employer check & fill out only if new address and/or telephone

Address _____ Phone _____

City _____ State _____ Zip _____

☐ Personal Service Worker check & fill out only if new address

Address _____ Phone _____

City _____ State _____ Zip _____

42781

My signature certifies that I received/provided a service or item on the date listed above. I understand that payment for this service or item will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of material facts may be prosecuted under applicable Federal and State laws.

Consumer Signature _____ DATE _____ Personal Service Worker Signature _____ DATE _____

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Start of Payroll Period ___ / ___ / ___ **End of Payroll Period** ___ / ___ / ___

Consumer Number ____ Consumer Name _____ PSW 5 Last Digits of SSN ____ PSW Name _____

DATE	TIME IN	TIME OUT	TOTAL	DATE	TIME IN	TIME OUT	TOTAL
16	: AM ○ PM ○	: AM ○ PM ○	.	24	: AM ○ PM ○	: AM ○ PM ○	.
17	: AM ○ PM ○	: AM ○ PM ○	.	25	: AM ○ PM ○	: AM ○ PM ○	.
18	: AM ○ PM ○	: AM ○ PM ○	.	26	: AM ○ PM ○	: AM ○ PM ○	.
19	: AM ○ PM ○	: AM ○ PM ○	.	27	: AM ○ PM ○	: AM ○ PM ○	.
20	: AM ○ PM ○	: AM ○ PM ○	.	28	: AM ○ PM ○	: AM ○ PM ○	.
21	: AM ○ PM ○	: AM ○ PM ○	.	29	: AM ○ PM ○	: AM ○ PM ○	.
22	: AM ○ PM ○	: AM ○ PM ○	.	30	: AM ○ PM ○	: AM ○ PM ○	.
23	: AM ○ PM ○	: AM ○ PM ○	.	31	: AM ○ PM ○	: AM ○ PM ○	.
		TOTAL	.			TOTAL	.

☐ Employer check & fill out only if new address and/or telephone

Address _____ Phone _____

City _____ State _____ Zip _____

☐ Personal Service Worker check & fill out only if new address

Address _____ Phone _____

City _____ State _____ Zip _____

61926

My signature certifies that I received/provided a service or item on the date listed above. I understand that payment for this service or item will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of material facts may be prosecuted under applicable Federal and State laws.

Consumer Signature _____ DATE _____ Personal Service Worker Signature _____ DATE _____