## Low Intensity Support Services Independent Contractor Timesheet

Services for:						
Independent Co	ontractor Na	me:				
Independent Co	ontractor Ad	dress				
*For Office Use	Only*					
			e \$	# of Hours	Approved Amount Approved \$	
Time Frame		-		_		
Check#						
	1	1	1		1	
Date	Start Time	End Time	Start Time	End Time	Provider Name	
Signature of Gu	ardian :	ı	1	l	I	
<b>9</b>	-					
Date Submitted :			_		Date Received:	
Submitted By:					Received By:	
					(LISS Staff- Office Use Only)	
Return via mail:	Maryland C	ommunity (	Connection A	Attn LISS: 44	01 Nicole Drive Lanham, MD 20706	

Plese Note: Fax and Email Not Acceptable

Please contact Maryland Community Connection if you need to change provider information

Altered time sheets are unacceptable.