



## Georgia Participant/Consumer-Directed Programs Employee Rate Form

Please provide your Employee's rate in the section below in accordance with your budget. Please refer to the "What it Costs You" sheet so you know how the rate affects your budget. Rate sheets must be received 1 week prior to the pay period end date. Retroactive rate changes are **NOT** allowed.

\_\_\_\_\_  
(Employer/Participant's name printed)

\_\_\_\_\_  
(Employee's name printed)

<b>PROGRAM</b>	<b>SERVICE</b>	<b>RATE</b>	<b>START DATE</b>
<b>CCSP</b>	<b>01 PERSONAL SUPPORT SERVICES</b>		
<b>SOURCE</b>	<b>01 PERSONAL SUPPORT SERVICES</b>		
<b>COMP/ NOW</b>	<b>01 COMMUNITY ACCESS - GROUP</b>		
<b>COMP/ NOW</b>	<b>02 COMMUNITY ACCESS - INDIVIDUAL</b>		
<b>NOW</b>	<b>03 COMMUNITY LIVING SUPPORT - EXTENDED (3 HOURS)</b>		
<b>COMP</b>	<b>03 COMMUNITY LIVING - EXTENDED (3+ HOURS)</b>		
<b>COMP/ NOW</b>	<b>05 SUPPORTED EMPLOYMENT - INDIVIDUAL</b>		
<b>COMP/ NOW</b>	<b>06 SUPPORTED EMPLOYMENT - GROUP</b>		
<b>COMP/ NOW</b>	<b>07 RESPITE (HOURLY)</b>		
<b>NOW</b>	<b>08 RESPITE OVERNIGHT</b>		
<b>COMP</b>	<b>08.1 RESPITE OVERNIGHT (CATEGORY 1) (DAILY)</b>		
<b>COMP</b>	<b>08.2 RESPITE OVERNIGHT (CATEGORY 2) (DAILY)</b>		
<b>COMP/ NOW</b>	<b>12 BEHAVIORAL SUPPORTS</b>		
<b>COMP/ NOW</b>	<b>OT TRANSPORTATION</b>		
<b>ICWP</b>	<b>01 COMMUNITY LIVING SUPPORT - 15 MIN</b>		

\_\_\_\_\_  
Participant/Representative Signature

\_\_\_\_\_  
Date

**You must complete a new form when you wish to change an employee's hourly wage.**

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