IN-HOME SUPPORTIVE SERVICES BATCH COVER SHEET

BATCH TYPE	
MONTH AND YEAR / DIRECT DEPOSIT REQ.	COUNTY CODE
BATCH SEQUENCE # UPDATE FORMS	
☐ TIMEQUEETQ	DATE/
TIMESHEET HOURS A (1-15) SPECIAL PRE-AUTHORIZED	
TIMESHEET HOURS B (16-31) TRANSACTIONS	
NUMBER OF FORMS IN BATCH □ LIEN/RECOVERY	SIGNATURE:
AFTER ENTRY CHECK ONE OF THE FOLLOWING: ALL FORMS ACCEPTED FORMS FAILED EDITS	DATE ENTERED / /
- FORMS FAILED EDITS	SIGNATURE:
TATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY N-HOME SUPPORTIVE SERVICES	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
N-HOME SUPPORTIVE SERVICES	
N-HOME SUPPORTIVE SERVICES BATCH COVER SHEET	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COUNTY CODE
N-HOME SUPPORTIVE SERVICES BATCH COVER SHEET BATCH TYPE	COUNTY CODE
N-HOME SUPPORTIVE SERVICES BATCH COVER SHEET BATCH TYPE MONTH AND YEAR MM YY DIRECT DEPOSIT REQ.	
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