



**2022**  
**245D TIME & ACTIVITY DOCUMENTATION**

**CIRCLE THE SERVICE PROVIDED:**

HM	ACC	PS	RES
ICLS	IHSwt	IHSwt	IHSwt
ILS		24EA	NS

DAY:	WEEK 1							WEEK 2						
	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
DATE:														
VISIT 1: IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
VISIT 1: OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
VISIT 1 TOTAL:														
VISIT 2: IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
VISIT 2: OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
VISIT 2 TOTAL:														
DAILY TOTAL:														

<b>WEEK 1 TOTAL:</b>		<b>WEEK 2 TOTAL:</b>		<b>PAY PERIOD TOTAL:</b>	
<b>WEEK 1 ACTIVITIES/PROGRESS:</b>			<b>WEEK 2 ACTIVITIES/PROGRESS:</b>		

Was the recipient in Hospital or other Care Facility during this pay period?  Y  N      Dates: \_\_\_\_\_

Facility Location: \_\_\_\_\_

Printed Client Name:	Date of Birth:	Client/Responsible Party Signature:	Date:

**Time Sheet Rules:** Time sheets are due every other MONDAY by 4:00pm, following the company payroll calendar. Late time sheets may not be processed. Time sheets must be filled out each shift. You must date and circle AM or PM. Time sheets with white out will **not** be accepted. Incomplete, incorrect, or illegible time sheets will **not** be accepted. FAX TIME SHEETS TO 1-888-979-9951 or send to info@healthmaxmn.com YOU MUST CALL 763-575-8045 TO CONFIRM IT HAS BEEN RECEIVED.

**Acknowledgement:** I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings. It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan as authorized under Minnesota Statutes, sections 256B.0913, 256B.0915, 256B.092 and 256B.49. **By signing below I certify and swear under penalty of law that I have accurately reported on this time sheet: the hours I actually worked, the services provided, and the date/times worked.**

Printed Employee Name:	Employee Signature:	Date: