



2022 1:1 PCA TIME & ACTIVITY DOCUMENTATION

	WEEK 1							WEEK 2													
DAY:	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:																					
	WEEK 1 TOTAL:							WEEK 2 TOTAL:							PAY PERIOD TOTAL:						
ADL's																					
Dressing																					
Grooming																					
Bathing																					
Eating																					
Transfers																					
Mobility																					
Positioning																					
Toileting																					
Behavior																					
Health-Related																					
IADL's																					

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

Location: _____

Acknowledgements & Signatures: After the support staff has documented his/her time and activity, the recipient must draw a line through any dates/times that he/she did not receive services from the support staff. Review the completed time sheet for accuracy before signing. *It is a crime to provide false information on time sheets for Medical Assistance payment.* **By signing below you swear and verify the time and services entered above are accurate and that services were performed as specified in the Care Plan.**

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 write in correct dates 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 email info@healthmaxmn.com. YOU MUST CALL 763-575-8045 TO CONFIRM IT HAS BEEN RECEIVED.** I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings. **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:	UMPI/Provider #	Employee Signature:	Date: