

1:1 PCA TIME & ACTIVITY DOCUMENTATION

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:															
	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 by the PCA listed below as specified in the Care Plan.**

Printed Client Name:	Date of Birth:	Client/Responsible Party Signature:	Date:
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Time Sheet Rules: Time sheets are due every other MONDAY by 4:00pm, following the 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. Email to info@healthmaxmn.com The Office will respond to confirm the timesheet was received and if it is accepted or needs corrections. 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:
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