| HOMEMAKER Time and Activity Documentation | | | | | TIMESHEETS ARE DUE BY 4:30PM MONDAY AFTER WEEK 2 | | | | | | | | | | |
|---|----------|------------|-----------|-------------|--|-----------|----------|-------------------------|----------|------------|-------------|------------|-----------|----------|----------|
| WEEK 1 of pay period | MON | TUE | WED | THU | FRI | SAT | SUN | WEEK 2 of pay period | MON | TUE | WED | THU | FRI | SAT | SUN |
| | | IUL | VVLD | IIIO | | JAI | 301 | | | TUL | WLD | 1110 | | JAI | 3014 |
| Month/Day/Year | | | | | | | | Month/Day/Year | | | | | | | |
| VISIT ONE | | | | | | | | VISIT ONE | | | | | | | |
| TIME IN | AM PM | AM PM | AM PM | AM PM | PM | AM PM | AM PM | TIME IN | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| TIME OUT | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | TIME OUT | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| Visit 1 Hours: | | | | | | | | Visit 1 Hours: | | | | | | | |
| VISIT TWO | | | | | | | | VISIT TWO | | | | | | | |
| TIME IN | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | TIME IN | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| TIME OUT | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | TIME OUT | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| Visit 2 Hours | | | | | | | | Visit 2 Hours | | | | | | | |
| | | Total your | daily hou | rs in the b | oxes belov | N | | | | Total your | daily hours | in the box | kes below | | |
| Total Daily Hrs: | | | | | | | | Total Daily Hrs: | | | | | | | |
| | EEK 1 | | HMKR | Wk 1 Total | hours: | · · · · · | | 1 | WEEK 2 | | HMKR | Wk 2 Total | hours: | | |
| Activities | | | | | | | | Activities | | | | | | | |
| Tidy Bathroom | | | | | | | | Tidy Bathroom | | | | | | | |
| Vacuum | | | | | | | | Vacuum | | | | | | | |
| Make Bed | | | | | | | | Make Bed | | | | | | | |
| Dust | | | | | | | | Dust | | | | | | | |
| Sweep | | | | | | | | Sweep | | | | | | | |
| Мор | | | | | | | | Мор | | | | | | | |
| Wash Dishes | | | | | | | | Wash Dishes | | | | | | | |
| Take Out Trash | | | | | | | | Take Out Trash | | | | | | | |
| Change Linens | | | | | | | | Change Linens | | | | | | | |
| Run Errands | | | | | | | | Run Errands | | | | | | | |
| Laundry | | | | | | | | Laundry | | | | | | | |
| Other (note on back) | | | | | | | | Other (note on back) | | | | | | | |

Acknowledgements & Signatures: After the PCA has documented his/her time and activity, the recipient must draw a line through any dates and times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the PCA Care Plan. I certify and swear under penalty of law that I have accurately reported on this time sheet the hours I actually worked, the services I provided, and the dates and times worked. I understand that misreporting my hours is fraud for which I could face criminal prosecution.

| Print Recipient Name | MA Member # or DOB | You must initial cares provided. Do not pre-fill or pre-sign/date timesheets. | | | | | |
|--|-----------------------------|---|--|---------------------|--|--|--|
| | | Every date box | x must have month/day/year for entire timesheet & inc | lude AM/PM notation | | | |
| Recipient/Responsible Party Signature: | Date: | Incomplet | Incomplete, incorrect, or illegible timesheets cannot be accepted for billing. | | | | |
| | | Total Hours | | Duluth | | | |
| Print PCA Name | PCA Provider # (office use) | (office use) | HEARTLAND PCA | P: 218-727-0990 | | | |
| | | | HOMECARE | F: 218-727-1179 | | | |
| PCA Signature | Date: | | | | | | |
| | | Late timeshe | eets will not be processed until the next payroll cy | cle (2 more weeks) | | | |
| Dates & location of client stay in hospital or care fa | acility or incarceration: | | | | | | |

| | 2024 F | 2024 Pay Periods and Pay Days | | | | | |
|---------------------------|--|---|--|--|--|--|--|
| Narrative, if applicable: | Charting is due every other MONDAY by 4:30 PM , after wee is over. Payday is FRIDAY. | | | | | | |
| | Pay Period | <u>T/S Due</u> Payday | | | | | |
| | 12/11/2023 - | 12/24/2023 12/25/2023 1/5/2024 | | | | | |
| | 12/25/2023 - | 1/7/2024 1/8/2024 1/19/2024 | | | | | |
| | 1/8/2024 - | 1/21/2024 1/22/2024 2/2/2024 | | | | | |
| | 1/22/2024 - | 2/4/2024 2/5/2024 2/16/2024 | | | | | |
| | 2/5/2024 - | 2/18/2024 2/19/2024 3/1/2024 | | | | | |
| | 2/19/2024 - | 3/3/2024 3/4/2024 3/15/2024 | | | | | |
| | 3/4/2024 - | 3/17/2024 3/18/2024 3/29/2024 | | | | | |
| | 3/18/2024 - | 3/31/2024 4/1/2024 4/12/2024 | | | | | |
| | 4/1/2024 - | 4/14/2024 4/15/2024 4/26/2024 | | | | | |
| | 4/15/2024 - | 4/28/2024 4/29/2024 5/10/2024 | | | | | |
| | 4/29/2024 - | 5/12/2024 5/13/2024 5/24/2024 | | | | | |
| | 5/13/2024 - | 5/26/2024 5/27/2024 6/7/2024 | | | | | |
| | 5/27/2024 - | 6/9/2024 6/10/2024 6/21/2024 | | | | | |
| | 6/10/2024 - | 6/23/2024 6/24/2024 7/5/2024 | | | | | |
| | 6/24/2024 - | 7/7/2024 7/8/2024 7/19/2024 | | | | | |
| | 7/8/2024 - | 7/21/2024 7/22/2024 8/2/2024 | | | | | |
| | 7/22/2024 - | 8/4/2024 8/5/2024 8/16/2024 | | | | | |
| | 8/5/2024 - | 8/18/2024 8/19/2024 8/30/2024 | | | | | |
| | 8/19/2024 - | 9/1/2024 9/2/2024 9/13/2024 | | | | | |
| | 9/2/2024 - | 9/15/2024 9/16/2024 9/27/2024 | | | | | |
| | 9/16/2024 - | 9/29/2024 9/30/2024 10/11/2024 | | | | | |
| | 9/30/2024 - | 10/13/2024 10/14/2024 10/25/2024 | | | | | |
| | | 10/27/2024 10/28/2024 11/8/2024 | | | | | |
| | 10/28/2024 - | 11/10/2024 11/11/2024 11/22/2024 | | | | | |
| | 11/11/2024 - | 11/24/2024 11/25/2024 12/6/2024 | | | | | |
| | 11/25/2024 - | 12/8/2024 12/9/2024 12/20/2024 | | | | | |
| | 12/9/2024 - | 12/22/2024 12/23/2024 1/3/2025 | | | | | |
| | 12/23/2024 - | 1/5/2025 1/6/2025 1/17/2025 | | | | | |