


# 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
Month/Day/Year								Month/Day/Year							
<b>VISIT ONE</b>								<b>VISIT ONE</b>							
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 1 Hours:								Visit 1 Hours:							
<b>VISIT TWO</b>								<b>VISIT TWO</b>							
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 hours in the boxes below								Total your daily hours in the boxes below							
Total Daily Hrs:								Total Daily Hrs:							
<b>WEEK 1</b>				HMKR Wk 1 Total hours:				<b>WEEK 2</b>				HMKR Wk 2 Total hours:			
<b>Activities</b>								<b>Activities</b>							
Tidy Bathroom								Tidy Bathroom							
Vacuum								Vacuum							
Dust								Dust							
Sweep/Mop								Sweep/Mop							
Wash Dishes								Wash Dishes							
Take Out Trash								Take Out Trash							
Change/Make Bed								Change/Make Bed							
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.

<b>Print Recipient Name</b>	<b>MA Member # or DOB</b>	<b>You must initial cares provided. Do not pre-fill or pre-sign/date timesheets.</b>	
<b>Recipient/Responsible Party Signature:</b>	<b>Date:</b>	Every date box must have month/day/year for entire timesheet & include AM/PM notation	
<b>Print PCA Name</b>	<b>PCA Provider # (office use)</b>	<b>Incomplete, incorrect, or illegible timesheets cannot be accepted for billing.</b>	
<b>PCA Signature</b>	<b>Date:</b>	<b>Total Hours (office use)</b>	
			<b>DULUTH P: 218-727-0990 F: 218-727-1179</b>
<b>Late timesheets will not be processed until the next payroll cycle (2 more weeks)</b>			

Dates & location of client stay in hospital or care facility or incarceration:

