


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							
VISIT ONE								VISIT ONE							
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:							
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 hours in the boxes below								Total your daily hours in the boxes below							
Total Daily Hrs:								Total Daily Hrs:							
WEEK 1				HMKR Wk 1 Total hours:				WEEK 2				HMKR Wk 2 Total hours:			
Activities								Activities							
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.

Print Recipient Name	MA Member # or DOB	You must initial cares provided. Do not pre-fill or pre-sign/date timesheets.	
Recipient/Responsible Party Signature:	Date:	Every date box must have month/day/year for entire timesheet & include AM/PM notation	
Print PCA Name	PCA Provider # (office use)	Incomplete, incorrect, or illegible timesheets cannot be accepted for billing.	
PCA Signature	Date:	Total Hours (office use)	HIBBING P: 218-263-4177 F: 218-263-5102
Dates & location of client stay in hospital or care facility or incarceration:			
Late timesheets will not be processed until the next payroll cycle (2 more weeks)			

Narrative, if applicable:

2020 Pay Periods and Pay Days

Charting is due every other **MONDAY by 4:30 PM**, after week 2 is over. Payday is **FRIDAY**. The exception for 2020 is Christmas Eve (Thurs) will be a pay day due to Christmas being on a Friday.

	<u>Pay Period</u>	<u>T/s Due</u>	<u>Payday</u>
12/30/19	- 1/12/20	1/13/20	1/24/20
1/13/20	- 1/26/20	1/27/20	2/7/20
1/27/20	- 2/9/20	2/10/20	2/21/20
2/10/20	- 2/23/20	2/24/20	3/6/20
2/24/20	- 3/8/20	3/9/20	3/20/20
3/9/20	- 3/22/20	3/23/20	4/3/20
3/23/20	- 4/5/20	4/6/20	4/17/20
4/6/20	- 4/19/20	4/20/20	5/1/20
4/20/20	- 5/3/20	5/4/20	5/15/20
5/4/20	- 5/17/20	5/18/20	5/29/20
5/18/20	- 5/31/20	6/1/20	6/12/20
6/1/20	- 6/14/20	6/15/20	6/26/20
6/15/20	- 6/28/20	6/29/20	7/10/20
6/29/20	- 7/12/20	7/13/20	7/24/20
7/13/20	- 7/26/20	7/27/20	8/7/20
7/27/20	- 8/9/20	8/10/20	8/21/20
8/10/20	- 8/23/20	8/24/20	9/4/20
8/24/20	- 9/6/20	9/7/20	9/18/20
9/7/20	- 9/20/20	9/21/20	10/2/20
9/21/20	- 10/4/20	10/5/20	10/16/20
10/5/20	- 10/18/20	10/19/20	10/30/20
10/19/20	- 11/1/20	11/2/20	11/13/20
11/2/20	- 11/15/20	11/16/20	11/27/20
11/16/20	- 11/29/20	11/30/20	12/11/20
11/30/20	- 12/13/20	12/14/20	12/24/20
12/14/20	- 12/27/20	12/28/20	1/8/21
12/28/20	- 1/10/21	1/11/21	1/22/21