


ILS 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				ILS Wk 1 Total hours:				WEEK 2				ILS Wk 2 Total hours:			
Goals								Activities							
Social & Emotional								Social & Emotional							
Job Training								Job Training							
Home Skills								Home Skills							
Financial								Financial							
Health & Wellness								Health & Wellness							
Education								Education							
Community								Community							
Transportation								Transportation							

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)	 DULUTH P: 218-727-0990 F: 218-727-1179
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)	

Charting Codes

C -Completed D -Declined V -Verbal Prompt M -Modeling Prompt P -Physical Assistance

