HOMEMA	KER Ti	me and	d Activ	ity Doc	ument	ation			TIMESH	IEETS ARE	DUE BY 4:	30PM MON	IDAY AFTE	R WEEK 2	
WEEK 1 of pay								WEEK 2 of pay							
period	MON	TUE	WED	THU	FRI	SAT	SUN	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:							
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	es below		
Total Daily Hrs:								Total Daily Hrs:							
	EEK 1		HMKR	Wk 1 Total	hours:				IEEK 2		HMKR	Wk 2 Total h	ours:		
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)							
completed time she	et for accura	acy before si vere perform	gning. It is a ed as specif	federal crimined in the PC	e to provide f CA Care Plan	false informa . I certify and	tion on PCA l swear under	must draw a line thro billings for Medical As penalty of law that I	ssistance pay have accura	ment. Your si	ignature verifi	es the time a	ind services	entered above	e are

Print Recipient Name	MA Member# or DOB	You must initial cares provided. Do not pre-fill or pre-sign/date timesheets.					
	Every date box must have month/day/year for entire timesheet & include AM/PM notation						
Recipient/Responsible Party Signature:	Date:	Incomple	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:	1					
Late timesh			heets will not be processed until the next payroll cycle (2 more weeks)				
Dates & location of client stay in hospital or care facility or i	ncarceration:						

Narrative, if applicable:		2023 Pay Periods and Pay Days							
, <b>, , , , , , , , , , , , , , , , , , </b>	Charting is due every other <b>MONDAY by 4:30 PM</b> , after week 2 is over. Payday is FRIDAY.								
	Pay P	eriod		T/s Due	Payday				
	12/12/2022	-	12/25/2022	12/26/2022	1/6/2023				
	12/26/2022	-	1/8/2023	1/9/2023	1/20/2023				
	1/9/2023	-	1/22/2023		2/3/2023				
	1/23/2023	-	2/5/2023		2/17/2023				
	2/6/2023	-	2/19/2023		3/3/2023				
	2/20/2023	-	3/5/2023		3/17/2023				
	3/6/2023	-	3/19/2023		3/31/2023				
	3/20/2023	-	4/2/2023		4/14/2023				
	4/3/2023	-	4/16/2023		4/28/2023				
	4/17/2023	-	4/30/2023	I	5/12/2023				
	5/1/2023	-	5/14/2023		5/26/2023				
	5/15/2023	-	5/28/2023		6/9/2023				
	5/29/2023	-	6/11/2023		6/23/2023				
	6/12/2023	-	6/25/2023		7/7/2023				
	6/26/2023	-	7/9/2023		7/21/2023				
	7/10/2023	-	7/23/2023						
	7/24/2023	-	8/6/2023		8/18/2023				
	8/7/2023	-	8/20/2023		9/1/2023				
	8/21/2023	-	9/3/2023		9/15/2023				
	9/4/2023	-	9/17/2023		9/29/2023				
	9/18/2023	-	10/1/2023		10/13/2023				
	10/2/2023	-		10/16/2023					
	10/16/2023	-		10/30/2023					
	10/30/2023	-		11/13/2023					
	11/13/2023	-		11/27/2023	12/8/2023				
	11/27/2023	-		12/11/2023					
	12/11/2023	-		12/25/2023	1				
	12/25/2023	-	1/7/2024	1/8/2024	1/19/2024				