HOMEMA	KER Ti	me and	d Activ	ity Doc	ument	ation			TIMESH	IEETS ARE	DUE BY 4:	BOPM 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							
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 hou	rs in the b	oxes belo	W				Total your	daily hours	in the box	ces below		
Total Daily Hrs:								Total Daily Hrs:							
	EEK 1		HMKR	Wk 1 Total	hours:				VEEK 2		HMKR	Wk 2 Total I	nours:		
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 accurate and that th	et for accura	icy before sig	gning. It is a ed as specif	federal crimo ied in the PC	e to provide t CA Care Plan	false informa	ition on PCA d swear unde	must draw a line throbillings for Medical A	ssistance pay I have accura	ment. Your si	ignature verifi	es the time a	and services	entered above	e are

for which I could face criminal prosecution. ıy

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:	Incomplete, incorrect, or illegible timesheets cannot be accepted for billing.					
		Total Hours		Hibbing			
Print PCA Name	PCA Provider # (office use)	(office use)	HEARTLAND PCA	P: 218-263-4177			
			HOMECARE	F: 218-263-5102			
PCA Signature	Date:	1					
		Late timesheets will not be processed until the next payroll cycle (2 more weeks)					
Dates & location of client stay in hospital or care facility or incarceration:							

Narrative, if applicable:		2023 Pay Periods and Pay Days						
, , , , , , , , , , , , , , , , , , , 	Charting is due every other MONDAY by 4:30 PM , 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			