HOMEMAKER Time and Activity Documentation					TIMESHEETS ARE DUE BY 4:30PM MONDAY AFTER 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>								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 c	daily hours	in the box	es below		
Total Daily Hrs:								Total Daily Hrs:							
	EEK 1		HMKR	Wk 1 Total	hours:				VEEK 2		HMKR	Wk 2 Total h	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 ne services v	acy before sig vere perform	gning. It is a ed as specif	federal crimed in the PC	e to provide t CA Care Plan	false informa	ation on PCA d swear unde	must draw a line throbillings for Medical Arpenalty of law that I	ssistance pay have accurat	ment. Your sig	gnature verifie	s the time a	nd services e	entered above	are

•		·					
Print Recipient Name	MA Member# or DOB	You must	t initial cares provided. Do not pre-fill or pre-sign/da				
		Every date bo	x must have month/day/year for entire timesheet & incl	ude AM/PM notation			
Recipient/Responsible Party Signature:	Date:	Incomple	te, incorrect, or illegible timesheets cannot be acce	pted for billing.			
		Total Hours		Sandstone			
Print PCA Name	PCA Provider # (office use)	(office use)	HEARTLAND PCA	P: 320-233-0119			
			HOMECARE	F: 320-233-0129			
PCA Signature	Date:	7					
		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	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	Pay Period			<u>T/s Due</u> <u>Payday</u>				
	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				