


IHS 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				IHS Wk 1 Total hours:				WEEK 2				IHS Wk 2 Total hours:			
Supports								Supports							
Household Mgt								Household Mgt.							
Health, Safety & Wellness								Health, Safety & Wellness							
Community Participation								Community Participation							
Adaptive Skills								Adaptive Skills							
Remote Support (2 hours per day if assessed)								Remote Support (2 hours per day if assessed)							

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	Please use standard 12 hr time, in 15 min (quarter: 25, 30, 75) increments	
Recipient/Responsible Party Signature:	Date:	Timesheet must indicate AM or PM for every Time IN and every Time OUT.	
Print PCA Name	PCA Provider # (office use)	Every date box must have month/day/year entered for entire timesheet.	
PCA Signature	Date:	Timesheet must be filled out each shift.	
Charting Codes		Timesheet must be an ORIGINAL timesheet - not photocopied.	
C -Completed D -Declined V -Verbal Prompt		Incomplete, incorrect, or illegible timesheets cannot be accepted for billing.	
M -Modeling Prompt P -Physical Assistance		Total Hours (office use)	 <p>Red River Valley P: 320-233-0119 F: 320-233-0129</p>
Dates & location of client stay in hospital or care facility			
Late timesheets will not be processed until the next payroll cycle (2 more weeks)			