


In-Home Respite Time and Activity Documentation

TIMESHEETS ARE DUE BY 4:30PM MONDAY AFTER WEEK 2

| WEEK 1 of pay period | | | | | | | | WEEK 2 of pay period | | | | | | | |
|---|----------|----------|----------|---------------------------|----------|----------|----------|---|----------|----------|----------|---------------------------|----------|----------|----------|
| MON | TUE | WED | THU | FRI | SAT | SUN | | 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 | | | | Respite Wk 1 Total hours: | | | | WEEK 2 | | | | Respite Wk 2 Total hours: | | | |

| Activities | MON | TUE | WED | THU | FRI | SAT | SUN | Activities | MON | TUE | WED | THU | FRI | SAT | SUN |
|------------------------|-----|-----|-----|-----|-----|-----|-----|-----------------------|-----|-----|-----|-----|-----|-----|-----|
| Monitor Client | | | | | | | | Monitor Client | | | | | | | |
| Redirect behavior | | | | | | | | Redirect behavior | | | | | | | |
| Keep residence tidy | | | | | | | | Keep residence tidy | | | | | | | |
| Assist w/meals | | | | | | | | Assist w/meals | | | | | | | |
| Appropriate dress | | | | | | | | Appropriate dress | | | | | | | |
| Personal Care | | | | | | | | Personal Care | | | | | | | |
| Assist w /appointments | | | | | | | | Assist w/appointments | | | | | | | |
| Other (note on back) | | | | | | | | Other (note on back) | | | | | | | |

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. | | | |
| | | | | 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 | |  | |
| Print PCA Name | | PCA Provider # (office use) | | (office use) | | | |
| PCA Signature | | Date: | | | | Red River Valley P: 320-233-0119 F: 320-233-0129 | |
| | | | | 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**.

| <u>Pay Period</u> | | <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 | | 1/23/2023 | 2/3/2023 |
| 1/23/2023 - 2/5/2023 | | 2/6/2023 | 2/17/2023 |
| 2/6/2023 - 2/19/2023 | | 2/20/2023 | 3/3/2023 |
| 2/20/2023 - 3/5/2023 | | 3/6/2023 | 3/17/2023 |
| 3/6/2023 - 3/19/2023 | | 3/20/2023 | 3/31/2023 |
| 3/20/2023 - 4/2/2023 | | 4/3/2023 | 4/14/2023 |
| 4/3/2023 - 4/16/2023 | | 4/17/2023 | 4/28/2023 |
| 4/17/2023 - 4/30/2023 | | 5/1/2023 | 5/12/2023 |
| 5/1/2023 - 5/14/2023 | | 5/15/2023 | 5/26/2023 |
| 5/15/2023 - 5/28/2023 | | 5/29/2023 | 6/9/2023 |
| 5/29/2023 - 6/11/2023 | | 6/12/2023 | 6/23/2023 |
| 6/12/2023 - 6/25/2023 | | 6/26/2023 | 7/7/2023 |
| 6/26/2023 - 7/9/2023 | | 7/10/2023 | 7/21/2023 |
| 7/10/2023 - 7/23/2023 | | 7/24/2023 | 8/4/2023 |
| 7/24/2023 - 8/6/2023 | | 8/7/2023 | 8/18/2023 |
| 8/7/2023 - 8/20/2023 | | 8/21/2023 | 9/1/2023 |
| 8/21/2023 - 9/3/2023 | | 9/4/2023 | 9/15/2023 |
| 9/4/2023 - 9/17/2023 | | 9/18/2023 | 9/29/2023 |
| 9/18/2023 - 10/1/2023 | | 10/2/2023 | 10/13/2023 |
| 10/2/2023 - 10/15/2023 | | 10/16/2023 | 10/27/2023 |
| 10/16/2023 - 10/29/2023 | | 10/30/2023 | 11/10/2023 |
| 10/30/2023 - 11/12/2023 | | 11/13/2023 | 11/24/2023 |
| 11/13/2023 - 11/26/2023 | | 11/27/2023 | 12/8/2023 |
| 11/27/2023 - 12/10/2023 | | 12/11/2023 | 12/22/2023 |
| 12/11/2023 - 12/24/2023 | | 12/25/2023 | 1/5/2024 |
| 12/25/2023 - 1/7/2024 | | 1/8/2024 | 1/19/2024 |