

HOMEMAKER 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	HMKR Wk 1 Total hours:	
WEEK 2	HMKR Wk 2 Total hours:	

Activities	MON	TUE	WED	THU	FRI	SAT	SUN
Tidy Bathroom							
Vacuum							
Make Bed							
Dust							
Sweep							
Mop							
Wash Dishes							
Take Out Trash							
Change Linens							
Run Errands							
Laundry							
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.	
Recipient/Responsible Party Signature:	Date:	Every date box must have month/day/year for entire timesheet & include AM/PM notation	
Print PCA Name	PCA Provider # (office use)	Incomplete, incorrect, or illegible timesheets cannot be accepted for billing.	
PCA Signature	Date:	Total Hours (office use)	 Hibbing P: 218-263-4177 F: 218-263-5102
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:

2024 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>	
12/11/2023	-	12/24/2023	12/25/2023	1/5/2024
12/25/2023	-	1/7/2024	1/8/2024	1/19/2024
1/8/2024	-	1/21/2024	1/22/2024	2/2/2024
1/22/2024	-	2/4/2024	2/5/2024	2/16/2024
2/5/2024	-	2/18/2024	2/19/2024	3/1/2024
2/19/2024	-	3/3/2024	3/4/2024	3/15/2024
3/4/2024	-	3/17/2024	3/18/2024	3/29/2024
3/18/2024	-	3/31/2024	4/1/2024	4/12/2024
4/1/2024	-	4/14/2024	4/15/2024	4/26/2024
4/15/2024	-	4/28/2024	4/29/2024	5/10/2024
4/29/2024	-	5/12/2024	5/13/2024	5/24/2024
5/13/2024	-	5/26/2024	5/27/2024	6/7/2024
5/27/2024	-	6/9/2024	6/10/2024	6/21/2024
6/10/2024	-	6/23/2024	6/24/2024	7/5/2024
6/24/2024	-	7/7/2024	7/8/2024	7/19/2024
7/8/2024	-	7/21/2024	7/22/2024	8/2/2024
7/22/2024	-	8/4/2024	8/5/2024	8/16/2024
8/5/2024	-	8/18/2024	8/19/2024	8/30/2024
8/19/2024	-	9/1/2024	9/2/2024	9/13/2024
9/2/2024	-	9/15/2024	9/16/2024	9/27/2024
9/16/2024	-	9/29/2024	9/30/2024	10/11/2024
9/30/2024	-	10/13/2024	10/14/2024	10/25/2024
10/14/2024	-	10/27/2024	10/28/2024	11/8/2024
10/28/2024	-	11/10/2024	11/11/2024	11/22/2024
11/11/2024	-	11/24/2024	11/25/2024	12/6/2024
11/25/2024	-	12/8/2024	12/9/2024	12/20/2024
12/9/2024	-	12/22/2024	12/23/2024	1/3/2025
12/23/2024	-	1/5/2025	1/6/2025	1/17/2025