



HOMEMAKER TIME AND ACTIVITY DOCUMENTATION

Preferred Health Care and Social Services, INC
 293 Como Ave Suite 201 St Paul, MN 55103
 Phone: 651-487-3048 Fax: 651-487-3055 Email: phcssinc@gmail.com

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Dates of Services								Dates of Services							
WEEK 1	Dates & Location of Recent Hospital Care:							WEEK 2	Dates & Location of Recent Hospital Care:						
Activities Daily Living								Activities Daily Living							
Vacuum/Sweep/Mop								Vacuum/Sweep/Mop							
Dust								Dust							
Make Bed								Make Bed							
Clean Kitchen								Clean Kitchen							
Clean Refrigerator								Clean Refrigerator							
Wash Dishes								Wash Dishes							
Clean Bathroom								Clean Bathroom							
Take Out Trash								Take Out Trash							
Laundry								Laundry							
NUTRITION								NUTRITION							
Plan, Prepare Meal								Plan, Prepare Meal							
Purchase Food								Purchase Food							
Miscellaneous								Miscellaneous							
Visit One								Visit One							
Ratio staff to recipient	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	Ratio staff to recipient	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3
Share care Location								Share care Location							
Time in (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	Time in (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	Time Out (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Daily Total	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	Daily Total	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES
Total Mintues Week 1	Total 1:1		Total 1:2		Total 1:3			Total Mintues Week 2	Total 1:1		Total 1:2		Total 1:3		
	Minutes		Minutes		Minutes				Minutes		Minutes		Minutes		

Acknowledgement and Required Signatures After the PCA has documented his/her time and activity, the recipient must draw a line through any dates/times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a crime to provide false information on PCA billings for Medical Assistance payment. By signing below you swear and verify the time and services entered above are accurate and that the services were performed by the PCA listed below as specified in the PCA Care Plan.

RECIPIENT NAME (FIRST, MI, LAST)	PMI # OR BIRTH DATE	RECIPIENT / RESPONSIBLE PARTY SIGNATURE	DATE
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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 and civil proceedings.

PCA NAME (FIRST, MI, LAST)	PCA NPI / UMPI	PCA SIGNATURE	DATE
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