



PCA TIME AND ACTIVITY DOCUMENTATION

Preferred Health Care and Social Services, INC

293 Como Ave Suite 201 Saint Paul, MN 55103

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	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							
Dressing								Dressing							
Grooming								Grooming							
Bathing								Bathing							
Eating								Eating							
Transfers								Transfers							
Mobility								Mobility							
Positioning								Positioning							
Toileting								Toileting							
Health Related								Health Related							
Behavior								Behavior							
IADLs								IADLs							
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
Visit Two								Visit Two							
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	MINTUES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	Daily Total	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES
Total Minutes Week 1	Total 1:1		Total 1:2		Total 1:3			Total Minutes 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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