ELITE NURSING SERVICES INC.

245D Service: Employee TIME & ACTIVITITY DOCUMENTATION PHONE: 763-421-3613 FAX: 763-374-5451 Email: **payroll@mneliteservices.com**

Program Types *(check service Provided):* **Personal Support ☐ Night Superv. ☐ Companion Service ☐ Respite ☐ ICLS☐ Homemaking ☐ ILS ☐**

Date of Service															
WEEK 1	**MON**	**TUE**	**WED**	**THUR**	**FRI**	**SAT**	**SUN**	**WEEK 2**	**MON**	**TUE**	**WED**	**THUR**	**FRI**	**SAT**	**SUN**
Visit 1-Time In								Visit 1- Time In							
Visit 1-Time Out								Visit 1-Time Out							
Visit 2-Time In								Visit 2-Time In							
Visit 2-Time Out								Visit 2-Time Out							
Total Daily Hours								**Total Daily Hours**							
Week 1 Total Hrs.								**Week Total Hrs.**							

Activities: Training/Skill Dev ☐ Advocating ☐ ADLs ☐ IADLS ☐ Positive Behavior Support ☐Comm. Activities ☐ Housing Search☐ Job Search☐ Other ☐

Helpful Hints: IADLs (Instrumental **Activities of Daily Living**): include managing finances, handling transportation, shopping, preparing meals, using the phone/communication devices, managing medications, doing laundry, housework, etc.) **ADLs (Activities of Daily Living):** includes feeding, dressing, grooming, bathing, toileting, transferring, etc.)

Week 1 Activities/Progress Notes	**Week 2 Activities/Progress Notes**

Acknowledgement & Signatures: Following documentation of time worked, activities & progress notes by the staff, the **care recipient must review** the timesheet to verify accuracy of information entered above and to ensure that services were rendered for times entered. Review the completed time sheet for accuracy before signing. Your signature verifies the time and services entered above are accurate. **IT IS A FEDERAL CRIME TO PROVIDE FALSE INFORMATION ON YOUR TIME-CARD FOR MEDICAL ASSISTANCE PAYMENT.**

Worker's Name (print):	UMPI #:	
Worker's Signature:	Date:	Phone #
Recipient's Name:	MA #/DOB:	
Recipient's Signature	Date:	Phone #:

Nurse's NOTES: Was the recipient away for any of the reasons below during this pay period? **Yes ☐ No ☐.** If Yes, **date**_____

Please indicate AM or PM when entering your time. Time-cards are due on Monday by 5:00 PM following payday. If you are faxing your time-card, call the office to make sure it was received. Mail the original to: 6160 Summit Drive N, Suite 560A, Brooklyn Center, MN 55430.

FOR OFFICIAL USE ONLY: Time-card Received On: