



1:1 PCA

TIME & ACTIVITY DOCUMENTATION

Client's Tel: _____

PCA's Tel: _____

	WEEK 1							WEEK 2						
DAY:	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN
DATE:														
VISIT 1: IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
VISIT 1: OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
VISIT 1 TOTAL:														
VISIT 2: IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
VISIT 2: OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
VISIT 2 TOTAL:														
DAILY TOTAL:														

	WEEK 1 TOTAL:		WEEK 2 TOTAL:		PAY PERIOD TOTAL:
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ADL's	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN
Dressing														
Grooming														
Bathing														
Eating														
Transfers														
Mobility														
Positioning														
Toileting														
Behavior														
Health-Related														
IADL's														

Was the recipient in Hospital or other Care Facility during this pay period? Y N Dates: _____

Location: _____

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

Printed Client Name:	Date of Birth:	Client/Responsible Party Signature:	Date:
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Time Sheet Rules: Time sheets are due every other Monday by 5:00pm, following the Company Payroll Calendar. Late time sheets may not be processed. Time sheets must be filled out each shift. You must circle AM or PM. Time sheets with white out will not be accepted. Incomplete, incorrect, or illegible time sheets will not be accepted. **FAX TIME SHEETS TO 763-374-5451. YOU MUST CALL 763-421-3613 FIVE MINUTES AFTER FAXING YOUR TIME SHEET TO CONFIRM IT HAS BEEN RECEIVED.** Make sure to mail the originally immediately after faxing. By signing below I certify and swear under penalty of law that I have accurately reported on this time sheet: Email: PAYROLL@MNELITESERVICES.COM Mailing Address: 6160 Summit Drive N, Suite 560-A, Brooklyn Center, MN 55430

Printed Employee Name:	UMPI/Provider #	Employee Signature:	Date:
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