

**ELITE NURSING SERVICES, INC.**

payroll@mneliteservices.com

**PERSONAL CARE TIME & ACTIVITY DOCUMENTATION** PHONE: 763-421-3613 FAX: 763-374-5451

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							
<b>Total Daily Hours</b>								<b>Total Daily Hours</b>							
<b>ACTIVITIES</b>	<b>WEEK ONE TOTAL HOURS</b>							<b>ACTIVITIES</b>	<b>WEEK TWO TOTAL HOURS</b>						
Dressing								Dressing							
Grooming								Grooming							
Bathing								Bathing							
Eating								Eating							
Transfer								Transfer							
Mobility								Mobility							
Behavior								Behavior							
Health Related								Health Related							
<b>IADL's (Age 18+)</b>								<b>IADL's (Age 18+)</b>							
Light Housekeeping								Light Housekeeping							
Laundry								Laundry							
Toileting								Toileting							
Other								Other							

**Acknowledgements & Signatures:**

Following documentation of time and activities by the PCA, the care recipient must review the timesheet to verify accuracy of information entered above and to ensure that services were rendered for times entered. By signing the time card, the Direct Support Worker acknowledges that he/she has not worked for more than 275 hours for current month under the provider number assigned to them by the MHCP. **IT IS A FEDERAL CRIME TO PROVIDE FALSE INFORMATION ON PCA TIME CARD FOR MEDICAL ASSISTANCE PAYMENT.**

**PCA NOTES: HOSPITALIZATION, VACATION, CARE FACILITY & INCARCERATION DATES: (NOT BILLABLE)**

**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 immediately to: 6160 Summit Drive N, Suite 560-A, Brooklyn Center, MN 55430.**

PCA's Name (print):	UMPI #:
PCA's Signature:	Date:
Recipient's Name:	MA #/DOB:
Signature- Recipient/Responsible Party	Date:

**FOR OFFICIAL USE ONLY: Time Card Received On:**