

ELITE NURSING SERVICES, INC.

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

PCA's Name (print):	UMPI #:
PCA's Signature:	Date:
Recipient's Name:	MA #/DOB:
Signature- Recipient/Responsible Party	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: 5701 Shingle Creek Parkway, Suite 580, Brooklyn Center, MN 55430.

FOR OFFICIAL USE ONLY: Time Card Received On: