

Carefree Home Services PCA Timesheet

7830 149th Ln NW, Ramsey, MN 55303

ph: 866-356-8406
 fax: 866-299-0884 or
 763-421-3098

Dates of Service (in consecutive order)	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
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Activities

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Health Related							
Behavior							
IADL's (only recipients age18+)							
Light Housekeeping							
Laundry							
Other							

Visit One

Ratio staff to recipient	(1:1)	(1:1)	(1:1)	(1:1)	(1:1)	(1:1)	(1:1)
Shared care location							
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

Visit Two

Ratio staff to recipient	(1:1)	(1:1)	(1:1)	(1:1)	(1:1)	(1:1)	(1:1)
Shared care location							
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

Daily Total

Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours
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Total Hours This Time Sheet

Total
Hours

Acknowledgement and Required Signatures

After the PCA has documented his/her time and activity, the recipient must draw a line through any dates and times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the PCA Care Plan.

RECIPIENT NAME (FIRST, MI, LAST)	MA MEMBER # or DATE OF BIRTH	RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE
PCA NAME (FIRST, MI, LAST)	PCA NPI/UMPI	PCA SIGNATURE	DATE