

HOMEMAKER Time and Activity Documentation

Client Name: _____

WEEK 1 of pay period	MON	TUE	WED	THU	FRI	SAT	SUN	WEEK 2 of pay period	MON	TUE	WED	THU	FRI	SAT	SUN
Month/Day/Year								Month/Day/Year							
VISIT ONE								VISIT ONE							
TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM TIME OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Visit 1 Hours:								Visit 1 Hours:							
VISIT TWO								VISIT TWO							
TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	PM TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	PM TIME OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Total Daily Hrs:								Total Daily Hrs:							

WEEK 1			HMKR Wk 1 Total hours:				WEEK 2			HMKR Wk 2 Total hours:			
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Activities	MON	TUE	WED	THU	FRI	SAT	SUN	Activities	MON	TUE	WED	THU	FRI	SAT	SUN
Tidy Bathroom								Tidy Bathroom							
Vacuum								Vacuum							
Make Bed								Make Bed							
Dust								Dust							
Sweep								Sweep							
Mop								Mop							
Wash Dishes								Wash Dishes							
Take Out Trash								Take Out Trash							
Change Linens								Change Linens							
Run Errands								Run Errands							
Laundry								Laundry							
Other (note on back)								Other (note on back)							

Acknowledgements & 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.

Print Recipient Name	MA Member # or DOB	Please use standard 12 hr time, in 15 min (quarter: 15, 25, 75) increments
Recipient/Responsible Party Signature:	Date:	Timesheet must indicate AM or PM for every Time IN and every Time OUT.
Print PCA Name	PCA Provider # (office use)	Every date box must have month/day/year entered for entire timesheet.
		Timesheet must be filled out each shift.
		Timesheet must be an ORIGINAL timesheet - not photocopied.
		Incomplete, incorrect, or illegible timesheets cannot be accepted for billing.

Narrative, if applicable:

2018 Pay Periods and Pay Days

PCA Charting/Time Sheets are due every other **MONDAY**, after week 2, unless Monday is a holiday, then submit on Tuesday. Paydays indicate the dates checks are ready to be distributed. Payday is FRIDAY. All charting and signatures need to be correct for timesheet to be processed.

	Pay Period	Payday
	1/1/2018 - 1/14/2018	1/26/2018
	1/15/2018 - 1/28/2018	2/9/2018
	1/29/2018 - 2/11/2018	2/23/2018
	2/12/2018 - 2/25/2018	3/9/2018
	2/26/2018 - 3/11/2018	3/23/2018
	3/12/2018 - 3/25/2018	4/6/2018
	3/26/2018 - 4/8/2018	4/20/2018
	4/9/2018 - 4/22/2018	5/4/2018
	4/23/2018 - 5/6/2018	5/18/2018
	5/7/2018 - 5/20/2018	6/1/2018
	5/21/2018 - 6/3/2018	6/15/2018
	6/4/2018 - 6/17/2018	6/29/2018
	6/18/2018 - 7/1/2018	7/13/2018
	7/2/2018 - 7/15/2018	7/27/2018
	7/16/2018 - 7/29/2018	8/10/2018
	7/30/2018 - 8/12/2018	8/24/2018
	8/13/2018 - 8/26/2018	9/7/2018
	8/27/2018 - 9/9/2018	9/21/2018
	9/10/2018 - 9/23/2018	10/5/2018
	9/24/2018 - 10/7/2018	10/19/2018
	10/8/2018 - 10/21/2018	11/2/2018
	10/22/2018 - 11/4/2018	11/16/2018
	11/5/2018 - 11/18/2018	11/30/2018
	11/19/2018 - 12/2/2018	12/14/2018
	12/3/2018 - 12/16/2018	12/28/2018
	12/17/2018 - 12/30/2018	1/11/2019
	12/31/2018 - 1/13/2019	1/25/2019