

# 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									
<b>VISIT ONE</b>								<b>VISIT ONE</b>									
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:									
<b>VISIT TWO</b>								<b>VISIT TWO</b>									
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:									
<b>WEEK 1</b>			HMKR Wk 1 Total hours:						<b>WEEK 2</b>			HMKR Wk 2 Total hours:					
<b>Activities</b>								<b>Activities</b>									
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.

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

