


<b>PCA Time and Activity Documentation 1:2 Care</b>								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	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	TIME OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Visit 1 Hours:								Visit 1 Hours:							
<b>SHIFT TWO</b>								<b>SHIFT TWO</b>							
TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM 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	TIME OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Total Daily Hrs:								Total Daily Hrs:							
WEEK 1				1:2Total weekly hours:				WEEK 2				1:2Total weekly hours:			
<b>Activities</b>								<b>Activities</b>							
Dressing								Dressing							
Grooming								Grooming							
Bathing								Bathing							
Eating								Eating							
Transfers								Transfers							
Mobility								Mobility							
Positioning								Positioning							
Toileting								Toileting							
Behavior								Behavior							
Health-Related								Health-Related							
Instrumental Activities of Daily Living (only Recipients age 18+)								Instrumental Activities of Daily Living (only Recipients age 18+)							
Laundry								Laundry							
Housekeeping								Housekeeping							
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 Client 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>Recipient/Responsible Party Signature:</b>	<b>Date:</b>	<b>Timesheet must indicate AM or PM for every Time IN and every Time OUT.</b>	
<b>Print PCA Name</b>	<b>PCA Provider # (office use)</b>	<b>Every date box must have month/day/year entered for entire timesheet.</b>	
<b>PCA Signature</b>	<b>Date:</b>	<b>Timesheet must be filled out each shift.</b>	
<b>Relative Status (check one): I (PCA) am this client's</b> <input type="checkbox"/> Parent/adoptive parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Not related <input type="checkbox"/> Other (list relationship:)	Dates & location of client stay in hospital or care facility	<b>Timesheet must be an ORIGINAL timesheet - not photocopied.</b>	
		<b>Incomplete, incorrect, or illegible timesheets cannot be accepted for billing.</b>	
		<b>Total Hours (office use)</b>	
			<b>FINLAYSON P: 320-233-0119 F: 320-233-0129</b>
<b>**REMINDER: TIMESHEETS ARE DUE BY 4:30PM MONDAY AFTER WEEK 2</b>			

If you provided shared services, DHS requires that you complete the following information: 1) who the shared services were with, 2) any change in the client's condition, and 3) any concerns or issues. If you did not provide shared services, you may use the additional narrative spaces to document any client changes, activities, issues or concerns.

Shared services provided with (if any): \_\_\_\_\_

### 2018 Pay Periods and Pay Days

PCA Charting/Time Sheets are due every other **MONDAY**, after week 2 is over, 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.

Week 1			
Day	Date	Changes in Condition? If yes, what?	Issues or Concerns? If yes, what?
MON			
TUES			
WED			
THURS			
FRI			
SAT			
SUN			

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

Week 2			
Day	Date	Changes in Condition? If yes, what?	Issues or Concerns? If yes, what?
MON			
TUES			
WED			
THURS			
FRI			
SAT			
SUN			