

In-Home Respite 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	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:							
VISIT TWO								VISIT TWO							
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	Respite Wk 1 Total hours:		WEEK 2	Respite Wk 2 Total hours:	
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Activities	MON	TUE	WED	THU	FRI	SAT	SUN	Activities	MON	TUE	WED	THU	FRI	SAT	SUN
Monitor Client								Monitor Client							
Redirect behavior								Redirect behavior							
Keep residence tidy								Keep residence tidy							
Assist w/meals								Assist w/meals							
Appropriate dress								Appropriate dress							
Personal Care								Personal Care							
Assist w /appointments								Assist w/appointments							
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.	
PCA Signature	Date:	Timesheet must be filled out each shift.	
Relative Status (check one): I (PCA) am this client's	Dates & location of client stay in hospital or care facility	Total Hours (office use)	
<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:)			
		Finlayson P: 320-233-0119 F: 320-233-0129	
**REMINDER: TIMESHEETS ARE DUE BY 4:30PM MONDAY AFTER WEEK 2			

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