



2022 1:1 PCA TIME & ACTIVITY DOCUMENTATION

Pay Period End Date:

Pay Period Dates

DAY:	WEEK 1							WEEK 2							
	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	
DATE:															
VISIT 1: IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
VISIT 1: OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
VISIT 1 TOTAL:															
VISIT 2: IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
VISIT 2: OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
VISIT 2 TOTAL:															
DAILY TOTAL:															
	WEEK 1 TOTAL:							WEEK 2 TOTAL:							PAY PERIOD TOTAL:
ADL's															
Dressing															
Grooming															
Bathing															
Eating															
Transfers															
Mobility															
Positioning															
Toileting															
Behavior															
Health-Related															
IADL's															
Was the recipient in Hospital or other Care Facility during this pay period? Y N							Dates:								
Location:															
<p>Acknowledgments & Signatures: After the support staff has documented his/her time and activity, the recipient must draw a line through any dates/times that he/she did not receive services from the support staff. Review the completed time sheet for accuracy before signing. <i>It is a crime to provide false information on time sheets for Medical Assistance payment.</i> By signing below you swear and verify the time and services entered above are accurate and that services were performed as specified in the Care Plan. Check if signing electronically</p> <p>I am signing this form electronically. My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (Minnesota Statutes 325L.02(h), 325L.05 and 325L.08)</p>															
Printed Client Name:							Date of Birth:			Client/Responsible Party Signature:				Date:	
<p>I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings. By signing below I certify and swear under penalty of law that I have accurately reported on this time sheet: the hours I actually worked, the services provided, and the date/times worked.</p> <p>Check if signing electronically</p> <p>I am signing this form electronically. My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (Minnesota Statutes 325L.02(h), 325L.05 and 325L.08)</p>															
Printed Employee Name:							UMPI/Provider #			Employee Signature:				Date:	