



**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: | | | | | | | | | | | | | | |

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|----------------------|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|
| WEEK 1 TOTAL: | | | | | | | | WEEK 2 TOTAL: | | | | | | | PAY PERIOD TOTAL: | | | | | | |
|----------------------|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|

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|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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:

Acknowledgements & 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. *It is a crime to provide false information on time sheets for Medical Assistance payment.* **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.**

| | | | |
|----------------------|----------------|-------------------------------------|-------|
| Printed Client Name: | Date of Birth: | Client/Responsible Party Signature: | Date: |
|----------------------|----------------|-------------------------------------|-------|

Time Sheet Rules: Time sheets are due very other **MONDAY** by **4:00pm**, following the Company Payroll Calendar. Late time sheets may not be processed. Time sheets must be filled out each shift. You must indicate AM or PM. Time sheets with white out will not be accepted. Incomplete, incorrect, or illegible time sheets will not be accepted. **FAX TIME SHEETS TO 320-281-4819. YOU MUST CALL 320-281-4449 FIVE MINUTES AFTER FAXING YOUR TIME SHEET TO CONFIRM IT HAS BEEN RECEIVED.** 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.**

| | | | |
|------------------------|-----------------|---------------------|-------|
| Printed Employee Name: | UMPI/Provider # | Employee Signature: | Date: |
|------------------------|-----------------|---------------------|-------|