

Personal Care Assistant Timesheet (1:1)

T1019

Check One 1:1 1:2 1:3

WEEK 1	Wed	Thu	Fri	Sat	Sun	Mon	Tues	WEEK 2	Wed	Thu	Fri	Sat	Sun	Mon	Tues
Month/Day/Year								Month/Day/Year							
SHIFT 1								SHIFT 1							
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
Shift 1 hours:								Shift 1 hours:							
SHIFT 2								SHIFT 2							
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
Shift 2 hours:								Shift 2 hours:							
Total Daily Hrs:								Total Daily Hrs:							

Week 1 Total Hours:


Week 2 Total Hours:

Activities	Employee: initial all activities you assisted the client with							Activities	Employee: initial all activities you assisted the client with						
Dressing								Dressing							
Grooming								Grooming							
Bathing								Bathing							
Eating								Eating							
Transfers								Transfers							
Mobility								Mobility							
Positioning								Positioning							
Toileting								Toileting							
Behavior								Behavior							
Health-Related								Health-Related							
IADLs								IADLs							

Acknowledgments and 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 timesheet 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.

Do not sign a blank timesheet.

Client name (printed):	Client date of birth:	Please use standard 12-hour time, in 15-minute increments, with time entered as decimals, not hours (e.g., 4.75 hours for 4 hours and 45 minutes). Indicate AM or PM for every "TIME IN" and every "TIME OUT." Every date box must have month/day/year entered for the entire timesheet. Staff must fill out the timesheet each shift and may never pre-fill the timesheet. The timesheet must be an original timesheet, not photocopied. Incomplete, incorrect, or illegible timesheets cannot be accepted for billing. Use only black or blue ink
Client/responsible party signature:	Date:	
Employee name (printed):	UMPI:	 <p>APEX HOME CARE FAX: 651-305-1150</p> <p>Call the office to verify your time sheet was received: 651-352-9910</p>
Employee signature:	Date:	

Timesheet due day is every other Tuesday at 3:00 PM. (See payroll calendar.)