



2740 American Boulevard West, Suite 100, Bloomington, MN 55431
TEL: (952) 858-8827 FAX: (952) 540-4672

EMPLOYEE WEEKLY TIME SHEET

Employee Name: JANE SMITH Client Name: JOHN SMITH

DAY	DATE WORKED	TIME IN	TIME OUT	# OF HOURS	CLIENT SIGNATURE
Saturday	7/14/12	8:00A / 5:00P	12:00P / 8:00P	7	John Smith
Sunday	7/15/12				
Monday	7/16/12	8:00A	12:00P	4	John Smith
Tuesday	7/17/12				
Wednesday	7/18/12				
Thursday	7/19/12	8:00A	12:00P	4	John Smith
Friday	7/20/12				
Total Hours				15	

Employee Agreement: I certify that I have worked the hours listed on this timesheet.
I understand that my paycheck will be delayed if this time sheet and/or paperwork are incomplete.

Jane Smith
Employee Signature

7/19, 20 12
Date

Client's signature certifies that the hours of service noted above have been received.
Overtime & overlapping shifts must be pre-approved. Late Fee charge applies to all time sheets turned in two weeks late.

Professional Resource Network Home Health Care
Division of Professional Resource Network, Inc.



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PCA Time and Activity Documentation

Dates of service	7/14/12 MM/DD/YY (Saturday)	7/15/12 MM/DD/YY (Sunday)	7/16/12 MM/DD/YY (Monday)	7/17/12 MM/DD/YY (Tuesday)	7/18/12 MM/DD/YY (Wednesday)	7/19/12 MM/DD/YY (Thursday)	7/20/12 MM/DD/YY (Friday)
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Activities

Dressing	JS		JS			JS	
Grooming	JS		JS			JS	
Bathing			JS			JS	
Eating	JS		JS			JS	
Transfers			JS			JS	
Mobility			JS				
Positioning			JS				
Toileting	JS		JS			JS	
Health Related							
Behavior							
Other							
IADL's (18 and up)							

IADL's= meal prep, laundry, household tasks, shopping/errands, accompany to appointments (18 and over ONLY)

Visit One

Ratio staff to recipient	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3
Shared care location																		
Time In (Circle AM / PM)	8:00 AM		AM PM			AM PM	8:00 AM		AM PM			AM PM	8:00 AM		AM PM			AM PM
Time Out (Circle AM / PM)	12:00 PM		AM PM			AM PM	12:00 AM		AM PM			AM PM	12:00 AM		AM PM			AM PM

Visit Two

Ratio staff to recipient	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3
Shared care location																		
Time In (Circle AM / PM)	5:00 AM		AM PM			AM PM			AM PM			AM PM			AM PM			AM PM
Time Out (Circle AM / PM)	8:00 PM		AM PM			AM PM			AM PM			AM PM			AM PM			AM PM

Visit Three

Ratio staff to recipient	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3
Shared care location																		
Time In (Circle AM / PM)			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM
Time Out (Circle AM / PM)			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM

DAILY TOTAL (Minutes)

420	Minutes	240	Minutes	240	Minutes
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Total Minutes This Timesheet	Total 1:1	Total 1:2	Total 1:3
	900		

Relationship - I am related to the recipient as:

Parent, Adoptive parent, Sibling, Adult Child, Grandparent or Grandchild (U1) None of the above (UD)

Acknowledgement and Required 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.

RECIPIENT NAME (FIRST, MI LAST)	MA MEMBER # OR BIRTH DATE	PCA NAME (FIRST, MI, LAST)	PCA PROVIDER #
JOHN A. SMITH	12/3/45	JANE A. SMITH	78910
RECIPIENT/ RESPONSIBLE PARTY SIGNATURE	DATE	PCA SIGNATURE	DATE
John Smith	7/19/12	Jane Smith	7/19/12



PROGRESS NOTES

CLIENT NAME: JOHN SMITH



EMPLOYEE NAME: JANE SMITH

DATE	TIME	NOTES SHOULD BE SIGNED BY CARE GIVER
7/14/12	11:00A	John was bathed and dressed, then had breakfast. John is now sitting on the porch reading his newspaper.
7/14/12	8:00P	After dinner John washed up and got ready for bed. He's watching TV in his room.
7/16/12	11:30A	John was bathed and dressed before breakfast. We took a walk around the neighborhood after he finished eating.
7/19/12	11:30A	John was bathed and dressed, then had breakfast. After eating John decided he wanted to play cards. We played about 4 games of Rummy.