



# HOME HEALTH AIDE/PCA TIMESHEET

FAX: 952-224-7053

WEEK 1								WEEK 2															
SUN	MON	TUE	WED	THUR	FRI	SAT		SUN	MON	TUE	WED	THUR	FRI	SAT									
Month/Day/Year								Month/Day/Year															
Time IN								Time IN															
Time OUT								Time OUT															
Time IN								Time IN															
Time OUT								Time OUT															
Total Daily Hrs:								Total Daily Hrs:															
<b>Supports</b>		<b>Total WK 1 Hrs:</b>								<b>Supports</b>		<b>Total WK 2 Hrs:</b>											
Dressing								Dressing								Dressing							
Grooming								Grooming							Grooming								
Bathing								Bathing							Bathing								
Meal Prep								Meal Prep							Meal Prep								
Transfers								Transfers							Transfers								
Mobility								Mobility							Mobility								
Positioning								Positioning							Positioning								
Bathroom								Bathroom							Bathroom								
Cleaning								Cleaning							Cleaning								
Laundry								Laundry							Laundry								
Health-Related								Health-Related							Health-Related								
Behavior								Behavior							Behavior								
Other								Other							Other								
Other								Other							Other								

**Acknowledgements & Signatures:**

After the PCA has documented time and supports, the client or responsible party must review the timesheet and draw a line through any item in which services were not received. Signatures verify that the information entered above are accurate and were performed as specified in the consumer care plan. By signing this document you certify that this for was completed in compliance with the timesheet instructuion and all times are accurate and true.

**Comments:** (Ex: Hospitalization dates, vacation, etc.)

PCA's may not bill for dates/times when the consumer is hospitalized.

Print PCA Name		Provider #	
PCA Signature/Date:			
Print Client Name		MA #	DOB
Client or Responsible Party Signature/Date:			
HSC Staff Signature/Date Rc'd Stamp:			

Please use standard 12 hr time and indicate AM & PM.

PCA's: Initial each box in which supports were provided by you for each shift.

Timesheets are due every other Tuesday by 4:30pm.

OFFICE USE ONLY

Two Week Total

**HEALTH SERVICES CONSULTANTS**

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