

HEALTH SERVICES CONSULTANTS – PCA TIMESHEET INSTRUCTIONS:



This form documents time and activity between one PCA and one recipient. You may document up to 2 visits per day on this timesheet (use additional timesheets if you work more than 2 shifts per day). The PCA & Recipient must abide by Health Services Consultants Policies regarding timesheets and all other procedures outlined within them.

Date: Enter the date of service next to the corresponding day. List the date in MM/DD/YY format. The recipient must draw a line through any dates and times PCA services were not provided.

Daily Total: Add the daily total time in hours/minutes that you spent with the recipient for the care documented that day.

Services: For each date you provided care, write your initials next to all the activities/services you provided. Your initials indicate you provided the service as described in the recipients PCA Care Plan. If you provide a service more than once in a day, initial only once.

- **Dressing** - Appropriate clothing for the day, includes laying-out of clothing, actual applying/changing clothing, orthotics, prosthetics, transfers, mobility and positioning to complete task.
- **Grooming** - Personal hygiene, includes hair care, oral care, nail care, shaving, applying cosmetics and deodorant, care of eyeglasses, contact lenses, hearing aides and applying orthotics.
- **Bathing** - Starting and finishing a bath or shower, transfers, mobility, positioning, using soap, rinsing, drying, inspecting skin and applying lotion.
- **Eating** - Getting food into the body, transfers, mobility, positioning, hand washing, applying of orthotics needed for eating, feeding, meal preparation and grocery shopping.
- **Transfers** - Moving from one seating/reclining are or position to another.
- **Mobility** - Moving from one place to another, including a wheelchair.
- **Toileting** - Bowel/bladder elimination and care, transfers, mobility,

Consumer Name: The recipient's first name, middle initial, last name.

Consumer Birthdate or MHCP ID Number.

PCA Name: The PCA's first name, middle initial, last name.

PCA MHCP ID #: Individual PCA Provider ID Number.

Time IN/Time OUT: Enter time you started/stopped providing care in hours and minutes. Please round to 15min. increments. For example, 1 hour and 45 minutes would be 1.75 hours. Indicate AM or PM next to the time.

Weekly Total Hours: Add the daily total hours for the week.

Period Total Hours: Add the daily total hours for the two week period.

positioning, feminine hygiene, use of toileting equipment or supplies, cleansing and inspecting skin, adjusting clothing.

- **Positioning** - Moving the person's body for necessary care and comfort or to relieve pressure areas.
- **Cleaning** - Light housekeeping integral to personal care may include washing dishes by hand or placing in dishwasher, clearing/cleaning tables, taking out garbage, making the bed, cleaning living areas (bedroom, bathroom, kitchen).
- **Laundry** - Laundry integral to personal care, includes sorting, putting clothes in washer or dryer, adding soap and/or dryer sheet, folding and putting away clothes.
- **Health** - Health Related Functions - Hands-on assistance, supervision and cueing for health related tasks as specified in the recipient's PCA Care Plan and approved by a physician or Qualified Professional.

- **Behavior** - Redirecting, intervening, observing, monitoring and documenting behavior.

- **Other** - Other activities performed as listed in the recipient's Care Plan not included above. May include assistance with finance management,

shopping for food/clothing/essentials, getting around and participating in the community.

Acknowledgement and Required Signatures: Client/Responsible Party and PCA sign and date form.