

HOUSEKEEPING TIMESHEET

RECIPIENT NAME (please print) : _____ PCA NAME (please print) : _____

MN Health Care ID Number : _____ PROVIDER ID# : _____

CLIENT/RP SIGN: _____ DATE: _____ EMP. SIGN: _____ DATE: _____

VISIT 1	SUN	MON	TUES	WED	THURS	FRI	SAT		SUN	MON	TUES	WED	THURS	FRI	SAT
								DATE							
								TIME 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
							TIME 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	
							TOTAL HOURS								

VISIT 2	SUN	MON	TUES	WED	THURS	FRI	SAT		SUN	MON	TUES	WED	THURS	FRI	SAT
								TIME IN							
								TIME 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
							TOTAL HOURS								
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	

HOUSEKEEPING
TOTAL HOURS
WEEK 1:

HOUSEKEEPING
TOTAL HOURS
WEEK 2:

DATES/LOCATION OF RECIPIENTS STAY IN HOSPITAL / CARE FACILITY / INCARCERATION / VACATION / AWAY:

SUN	MON	TUE	WED	THUR	FRI	SAT	ACTITIES	SUN	MON	TUE	WED	THUR	FRI	SAT
							VACUUM							
							DUST							
							WASH WINDOWS							
							CLEAN TOILET							
							CLEAN FRIDGE							
							CLEAN STOVE							
							WIPE BASEBOARDS							
							CHANGE BEDDING							
							EMPTY GARBAGE							
							WASH DISHES							
							LAUNDRY							
							ERRANDS							
							OTHER							

Avenues for Care, Inc
1505 East Hwy 7 Suite 100
Montevideo, MN 56265

EMAIL: timesheets@avenuesforcare.com

PHONE: 320-269-2929

FAX: 320-269-2278

PAY PERIOD END DATE: / /

AFTER THE PCA HAS DOCUMENTED HIS/HER TIME AND ACTIVITY, THE RECEIPT MUST DRAW A LINE THROUGH ANY DATE 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 A 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