

TIMESHEET

- Complete legibly in **BLUE** or **BLACK** ink.
- Timesheets are due every other **Tues.** by **1:00 PM.**
- Any incomplete, conflicting or erroneous timesheets will **NOT** be processed until the next pay period.

PCA Choice 1:1
Care Services

Pay Period End Date:
/ /

5701 Kentucky Ave. N. #119
Minneapolis, MN 55428
Voice: 612-868-3270
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Ability Care Partners, Inc.
PCA Choice Provider

Web: www.abilitycare.com Email: staff@abilitycare.com

Consumer Name:

Consumer MHCP ID#:

PCA Name:

PCA MHCP ID#:

PCA Relation to Consumer: Indicate Below (Required)
Relation is defined by blood or through legal adoption.

- Parent Grandparent Adult Child
 Adult Grandchild Sibling Not Related

Excludes: Step-Child/Sibling, In-Laws and Non-Related Legal Guardian

Week 1 Total Hrs Week 2 Total Hrs Period Total Hrs

Wk 1	Date	Shift 1		Shift 2		Shift 3		Daily Total
		Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT	
Sun								
Mon								
Tues								
Wed								
Thu								
Fri								
Sat								

Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Cleaning	Laundry	Health (HRF)	Behavior	Other

Wk 2 Indicate times as **AM** or **PM**. Draw a line through days **NOT** worked. List any Consumer hospitalization dates.

Sun								
Mon								
Tues								
Wed								
Thu								
Fri								
Sat								

PCA's must initial services provided each day, as specified in care plan.

Acknowledgement: By signing this document, both parties verify the times/services provided are accurate and that the services were performed as specified in the Consumer's PCA Care Plan. *It is a federal crime to provide false information on PCA billings for Medical Assistance payment. Ability Care Partners will investigate and report any suspected fraud.*

Consumer (or Responsible Party) Signature

Date

PCA Signature

Date