Pay Period Dates | Reset Time IN/OUT | Reset PCA | Reset Consumer | Reset Page | Save PDF | Print

TIMESHEET

PCA 1:1
Care Services

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

Pay Period End Date: / /

5701 Kentucky Ave. N. #119
Minneapolis, MN 55428
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Ability Care Partners, Inc.
PCA Choice Provider
Web: www.abilitycare.com Email: staff@abilitycare.com

Consumer - LAST NAME:	Consumer - FIRST NAME:	Consumer MHCP ID #:	Responsible Party (RP) Name: *If Applicable*

PCA - LAST NAME:	PCA - FIRST NAME:	PCA UMPI #:	PCA Phone Number:

Week 1 Total Hrs | Week 2 Total Hrs | Period Total Hrs

Wk 1	Date	Shift 1 Time IN	Shift 1 Time OUT	Shift 2 Time IN	Shift 2 Time OUT	Shift 3 Time IN	Shift 3 Time OUT	Daily Total	Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Cleaning	Laundry	Health (HRF)	Behavior	Other
Sun																					
Mon																					
Tues																					
Wed																					
Thu																					
Fri																					
Sat																					
Wk 2	Indicate times as **AM** or **PM.** Draw a line through days **NOT** worked. List any Consumer hospitalization dates.								**PCA's must initial services provided each day, as specified in care plan.**												
Sun																					
Mon																					
Tues																					
Wed																					
Thu																					
Fri																					
Sat																					

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**