

# TIMESHEET

PCA Choice 1:1 care



Mail: 5701 Kentucky Ave. N. Suite #119 - Minneapolis, MN 55428  
 Voice: 612-868-3270 Fax: 612-395-5593 Web Site: www.abilitycare.com

<b>Pay Period End Date:</b>	Month	Date	Year	<b>INSTRUCTIONS:</b> Complete legibly in <b>dark</b> ink, indicate times as AM or PM. Draw a line through any day(s) NOT worked. Timesheets are due every other Tues. by 1:00 pm.			
<b>Consumer Name:</b>			<b>MHCP ID#:</b>		<b>- or - Birthdate:</b>		
<b>PCA Name:</b>			<b>PCA MHCP ID#:</b>				

Week 1 Total Hrs  Week 2 Total Hrs  Period Total Hrs

Week 1	Date	Time IN	Time OUT	Time IN	Time OUT	Daily Total	Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Cleaning	Laundry	Health	Behavior	Other	
Week 1	Sun																			
	Mon																			
	Tues																			
	Wed																			
	Thu																			
	Fri																			
	Sat																			
Week 2	Please call us if the Consumer was hospitalized, and indicate any dates/times on this timesheet.						<b>PCA's <u>must</u> initial services provided each day, as specified in care plan.</b>													
	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
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