

INTERCOMMUNITY HOME HEALTH CARE
27 E. Franklin Ave
Minneapolis MN 55404
Tel 612-435-0283 Fax 612-338-1493

Homemaking Time and Activity Documentation

Dates of service							
	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
Activities							
Vacuuming							
Dust							
Wash Windows (inside)							
Clean Toilet							
Clean Fridge							
Clean Stove							
Change Bedding							
Empty Garbage							
Prepare Food/Serve							

Visit One

Ratio staff to recipient	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	
Shared care location																			
Time in (circle AM/PM)			AM			AM			AM			AM			AM			AM	
			PM			PM			PM			PM			PM			PM	
Time out (circle AM/PM)			AM			AM			AM			AM			AM			AM	
			PM			PM			PM			PM			PM			PM	

Visit Two

Ratio staff to recipient	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	
Shared care location																			
Time in (circle AM/PM)			AM			AM			AM			AM			AM			AM	
			PM			PM			PM			PM			PM			PM	
Time out (circle AM/PM)			AM			AM			AM			AM			AM			AM	
			PM			PM			PM			PM			PM			PM	
DAILY	Daily Hours			Daily Hours			Daily Hours			Daily Hours			Daily Hours			Daily Hours			
TOTAL WEEKLY HOURS																			

Relationship

I am related to recipient as: Circle one of the following: Parent, Sibling, Adult Child, Grandparent or Grandchild (U1) None of the above

Acknowledgment and Required Signatures

After PCA has documented his/her time and activity, the recipient must draw a line through any dates 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 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.

RECIPIENT NAME (First, MI, Last)	MA MEMBER # OR BIRTH DATE	PCA NAME (Fist, MI, Last)	PCA PROVIDER NUMBER
RECIPIENT / RESPONSIBLE PARTY SIGNATURE	DATE	PCA signature	DATE

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Shared care location																			
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			PM			PM			PM			PM			PM			PM	
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			PM			PM			PM			PM			PM			PM	
DAILY	Daily Hours			Daily Hours			Daily Hours			Daily Hours			Daily Hours			Daily Hours			

TOTAL WEEKLY HOURS

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