

**INTERCOMMUNITY HOME HEALTH CARE, INC.**  
**27 E FRANKLIN AVENUE**  
**Minneapolis, MN 55404**  
**Tel 612-435-0283 Fax 612-338-1493**

**PCA Time and Activity Documentation**

Dates of service							
	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
<b>Activities</b>							
Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Health Related							
Behavior							
IADL'S (18+) Laundry, Housekeeping, Shopping							

**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	1:1 1:2 1:3
Shared care location							
Time in (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time out (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM 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	1:1 1:2 1:3
Shared care location							
Time in (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time out (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
DAILY	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours	Daily Hours

<b>TOTAL WEEKLY HOURS</b>	
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**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, K Last)	PCA PROVIDER NUMBER
RECIPIENT / RESPONSIBLE PARTY SIGNATURE	DATE	PCA signature	DATE

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Shared care location																		
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**Visit Two**

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