

Preferred Home Care Services

Fax: 1-888-981-3917 OR Email: timesheet@preferredhomecareservices.com

Time & Activity Documentation

Year _____

Week One								Week Two							
Dates of Service															
Activities															
Dressing															
Grooming															
Bathing															
Eating															
Transfers															
Mobility															
Positioning															
Toileting															
Housekeeping															
Laundry															
Health Related															
Behavior															
Other															

Visit One

Care Location	Home	Home	Home	Home	Home	Home	Home	Home	Home	Home	Home	Home	Home	Home
Ratio	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1
Time in														
Time Out														

Visit Two

Care Location	Home	Home	Home	Home	Home	Home	Home	Home	Home	Home	Home	Home	Home	Home
Ratio	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1
Time in														
Time Out														

Total							
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Total Hours for Pay Period :

Acknowledgements & Required Signatures

After the PCA Has documented his/her time & activity, the recipient must draw line through any dates & times he/she did not receive services form 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 & services entered above are accurate & that the services were performed as specified in the PCA Care Plan.

Recipient Name (First, Mid, Last)	MA Member # or DOB	PCA Name (Fi rst, Mid, Last)	PCA Provider #
Recipient/Responsible Party Signature	Date	PCA Signature	Date