

PCA Time & Activity Documentation

Ametimed
Home Care, Inc.

Phone (952) 854-9071

Employee Name: _____

Recipient (Client) Name: _____

Pay Period Begin Date: ____/____/____

Pay Period End Date: ____/____/____

(Enter Pay Period Dates from the Pay Schedule on the back of this form. Original, signed, & completed timesheets must be received into the company office by the due date as stated on the pay schedule)

| Enter the Date Worked (month & day) | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Client Progress Notes |
|---|-----|-----|-----|-----|-----|-----|-----|---------------------------|
| Day of Work Week | | | | | | | | |
| Morning Time In | | | | | | | | |
| Time Out | | | | | | | | |
| Afternoon Time In | | | | | | | | |
| Time Out | | | | | | | | |
| Evening Time In | | | | | | | | |
| Time Out | | | | | | | | |
| Daily Total (Enter Total Minutes Per Day) | | | | | | | | |
| Total Minutes for Work Week | | | | | | | | Client Condition Changed? |
| Enter Total Hours Per Day | | | | | | | | |
| Total Hours for Work Week | | | | | | | | |

| Day of Work Week | Wed | Thu | Fri | Sat | Sun | Mon | Tue |
|--|-----|-----|-----|-----|-----|-----|-----|
| Daily Services Provided | | | | | | | |
| Dressing/Undressing | | | | | | | |
| Grooming | | | | | | | |
| Bathing | | | | | | | |
| Eating/Meal Preparation | | | | | | | |
| Transfers | | | | | | | |
| Assist with Mobility | | | | | | | |
| Positioning/Turning | | | | | | | |
| Toileting (bowel &/or bladder care) | | | | | | | |
| Behavior-Observation/Redirection | | | | | | | |
| Health-Related Procedures & Tasks <small>(EX: Range of Motion/Exercise, Assist with Medication, Monitor/Intervene Seizures, or Other as specified in care plan)</small> | | | | | | | |
| IADL's (Instrumental Activities of Daily Living) <small>(only for recipients age 18+)</small> | | | | | | | |
| Light Housekeeping (Housekeeping is not a billable service under Medical Assistance) | | | | | | | |
| Laundry | | | | | | | |
| Accompany to Medical Appointment | | | | | | | |
| Other (please specify) | | | | | | | |
| Total Minutes for Work Week | | | | | | | |
| Total Hours for Work Week | | | | | | | |

* (Remember any time after Midnight needs to go on the next day's slot)
* (Remember your time in/out needs to equal your total hours per day)
* (Use INITIALS ONLY to indicate personal cares provided)

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|--|-----|-----|-----|-----|-----|-----|-----|
| Dressing/Undressing | | | | | | | |
| Grooming | | | | | | | |
| Bathing | | | | | | | |
| Eating/Meal Preparation | | | | | | | |
| Transfers | | | | | | | |
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| Laundry | | | | | | | |
| Accompany to Medical Appointment | | | | | | | |
| Other (please specify) | | | | | | | |
| Total Minutes for Work Week | | | | | | | |
| Total Hours for Work Week | | | | | | | |

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|--|-----|-----|-----|-----|-----|-----|-----|
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| Laundry | | | | | | | |
| Accompany to Medical Appointment | | | | | | | |
| Other (please specify) | | | | | | | |
| Total Minutes for Work Week | | | | | | | |
| Total Hours for Work Week | | | | | | | |

PLEASE NOTE: The Client or Responsible Party MUST be the one that reviews the timesheet and signs the client signature. PCAs CAN NOT sign on behalf of the client. After the PCA has documented his/her time and activity, the client or responsible party 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. Your signature verifies the time and services entered on this document are accurate and that the services were performed as specified in the PCA Care Plan. IMPORTANT: IT IS A FEDERAL CRIME TO PROVIDE FALSE INFORMATION ON PERSONAL CARE SERVICE BILLINGS FOR MEDICAL ASSISTANCE PAYMENT.

PCA Signature: _____ Date: _____
 Recipient/Responsible Party Signature: _____ Date: _____
 PCA Provider #: _____ Date: _____
 Related to Client: Yes _____ No _____
 Office Receives: White & Yellow Copies
 Client Receives: Pink Copy

2016 Payroll Schedule

| Pay Period Dates | Deadline Date (the Friday after the Pay Period Ends) | Pay Issue Date (the following Friday after the Deadline Date) |
|--------------------------------------|---|--|
| December 23, 2015 to January 5, 2016 | 5pm, January 8, 2016 | January 15, 2016 |
| January 6 to January 19, 2016 | 5pm, January 22, 2016 | January 29, 2016 |
| January 20 to February 2, 2016 | 5pm, February 5, 2016 | February 12, 2016 |
| February 3 to February 16, 2016 | 5pm, February 19, 2016 | February 26, 2016 |
| February 17 to March 1, 2016 | 5pm, March 4, 2016 | March 11, 2016 |
| March 2 to March 15, 2016 | 5pm, March 18, 2016 | March 25, 2016 |
| March 16 to March 29, 2016 | 5pm, April 1, 2016 | April 8, 2016 |
| March 30 to April 12, 2016 | 5pm, April 15, 2016 | April 22, 2016 |
| April 13 to April 26, 2016 | 5pm, April 29, 2016 | May 6, 2016 |
| April 27 to May 10, 2016 | 5pm, May 13, 2016 | May 20, 2016 |
| May 11 to May 24, 2016 | 5pm, May 27, 2016 | June 3, 2016 |
| May 25 to June 7, 2016 | 5pm, June 10, 2016 | June 17, 2016 |
| June 8 to June 21, 2016 | 5pm, June 24, 2016 | July 1, 2016 |
| June 22 to July 5, 2016 | 5pm, July 8, 2016 | July 15, 2016 |
| July 6 to July 19, 2016 | 5pm, July 22, 2016 | July 29, 2016 |
| July 20 to August 2, 2016 | 5pm, August 5, 2016 | August 12, 2016 |
| August 3 to August 16, 2016 | 5pm, August 19, 2016 | August 26, 2016 |
| August 17 to August 30, 2016 | 5pm, September 2, 2016 | September 9, 2016 |
| August 31 to September 13, 2016 | 5pm, September 16, 2016 | September 23, 2016 |
| September 14 to September 27, 2016 | 5pm, September 30, 2016 | October 7, 2016 |
| September 28 to October 11, 2016 | 5pm, October 14, 2016 | October 21, 2016 |
| October 12 to October 25, 2016 | 5pm, October 28, 2016 | November 4, 2016 |
| October 26 to November 8, 2016 | 5pm, November 11, 2016 | November 18, 2016 |
| November 9 to November 22, 2016 | 5pm, November 25, 2016 | December 2, 2016 |
| November 23 to December 6, 2016 | 5pm, December 9, 2016 | December 16, 2016 |
| December 7 to December 20, 2016 | 5pm, December 23, 2016 | December 30, 2016 |

Paydays/Due Dates around Holidays may be adjusted in the future. You will be informed at the time of any changes.

Please mail your completed, signed, original timesheets to:

Amerimed Home Care, Inc.
2626 East 82nd Street, Suite 310
Bloomington, MN 55425-1683

Accurately completed, original timesheets must be received **BY THE DEADLINE** or your paycheck **WILL BE DELAYED** until the next pay run. Faxed timesheets are not accepted. Incomplete timesheets and timesheets with alterations will be returned, unpaid, for corrections, and will need to wait until the next payroll processing for payment. No exceptions.