



Draw lines through days not worked

FRIENDS AND FAMILY HOMECARE  
PCA CARES AND TIME CARD  
T: 763-420-4005 F: 763-390-0030  
Timecards are due every other Monday by 6 pm

SAMPLE

RECIPIENT: Jane Nelson

PCA: Joe Brown

PCA RELATIONSHIP: I am the Parent, Sibling, Adult Child, Grandparent, Grandchild, or None of the Above (Circle One)

- must circle one

YEAR 2011	DATE →	11/27	11/28	11/29	11/30	12/1	12/2	12/3	12/4	12/5	12/6	12/7	12/8	12/9	12/10	
		Sun	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Mon	Tues	Weds	Thurs	Fri	Sat	
TIME CARD	Time In (Include AM/PM)	8am		8am		9am		8am	9am		8am		9am		8am	
	Time Out (Include AM/PM)	11am		4pm		3pm		1pm	3pm		4pm		3pm		10am	
	Time In (Include AM/PM)	2pm											6pm		1pm	
	Time Out (Include AM/PM)	4pm											9pm		3pm	
	Time In (Include AM/PM)														6pm	
	Time Out (Include AM/PM)														9pm	
ACTIVITIES (Initial box if performed)	Dressing	JB		JB		JB		JB	JB		JB		JB		JB	
	Grooming	JB		JB		JB		JB	JB		JB		JB		JB	
	Bathing			JB							JB		JB		JB	
	Eating	JB		JB		JB		JB	JB		JB		JB		JB	
	Transfers	JB		JB		JB		JB	JB		JB		JB		JB	
	Mobility	JB		JB		JB		JB	JB		JB		JB		JB	
	Positioning															
	Toileting	JB		JB		JB		JB	JB		JB		JB		JB	
	Health Related			JB							JB		JB			
	Behavioral	JB		JB		JB			JB		JB				JB	
IADL's																
DAILY TOTALS (Hours)		5		8		6		5	6		8		9		7	
		Total Hours for Week 1														24
		Total Hours for Week 2														30
		COMBINED TWO WEEK TOTAL														54

AM/PM Required

use initials for cares completed

Be sure to include daily + weekly totals

Acknowledgement and Required Signatures: After the PCA has documented his/her time and activity, the recipient must draw a line through any dates and times he/she did not receive 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 & MA NUMBER or DATE OF BIRTH <u>Jane Nelson 0312435</u>		PCA NAME & PCA NUMBER <u>Joe Brown A123456789</u>	
RECIPIENT or RESPONSIBLE PARTY SIGNATURE <u>Jane Nelson</u>	DATE <u>12/10/11</u>	PCA SIGNATURE <u>Joe Brown</u>	DATE <u>12/10/11</u>

Always include MA Number or Date of Birth

Always include PCA Number

Date signed must be last day of service or later

\* Please Note: Time cards must be completed in full or will need to be re-submitted