

FRIENDS AND FAMILY HOMECARE

PCA CARES AND TIME CARD

Fax: (763) 312-2400 Text: (763) 213-3993

Timecards are due every other Monday by 6 pm

RECIPIENT: _____

PCA: _____

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

	YEAR	DATE →																
	_____	_____	Sun	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Mon	Tues	Weds	Thurs	Fri	Sat		
TIME CARD	Time In (Include AM/PM)																	
	Time Out (Include AM/PM)																	
	Time In (Include AM/PM)																	
	Time Out (Include AM/PM)																	
	Time In (Include AM/PM)																	
	Time Out (Include AM/PM)																	
ACTIVITIES (Initial box if performed)	Dressing																	
	Grooming																	
	Bathing																	
	Eating																	
	Transfers																	
	Mobility																	
	Positioning																	
	Toileting																	
	Health Related																	
	Behavioral																	
	IADL's																	
DAILY TOTALS (Hours)																		
Total Hours for Week 1											Total Hours for Week 2							
COMBINED TWO WEEK TOTAL																		

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		PCA NAME & PCA NUMBER	
RECIPIENT or RESPONSIBLE PARTY SIGNATURE	DATE	PCA SIGNATURE	DATE