

**FRIENDS AND FAMILY HOMECARE
HOMEMAKER TIME CARD**

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

Timecards are due every other Monday by Midnight

RECIPIENT: _____ **HOMEMAKER:** _____

YEAR: _____	Sun	Mon	Tues	Weds	Thur	Fri	Sat	Sun	Mon	Tues	Weds	Thur	Fri	Sat
Time In (am/pm)														
Time Out (am/pm)														
Time In (am/pm)														
Time Out (am/pm)														
Home Cleaning														
Laundry														
OTHER														
Daily Totals														
	Total for Week One							Total for Week Two						

TWO WEEK TOTAL: _____

Acknowledgement and Required Signatures: After the Homemaker 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 Homemaker. Review completed time sheet for accuracy before signing. It is a federal crime to provide false information on Homemaker billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and that the services were performed as specified.

RECIPIENT NAME & MA NUMBER or DATE OF BIRTH	HOMEMAKER NAME
RECIPIENT or RESPONSIBLE PARTY SIGNATURE	HOMEMAKER SIGNATURE
DATE:	DATE: