

# Time Sheet for Missed Time in HHA (App or Telephony)



## Return to Cherish LLC

Mail or Drop Off: 2900 East Beltline – Suite 8, Hibbing MN 55746

Fax: (218) 263-8336

Scan & Email: [CharleneH@cherished1.co](mailto:CharleneH@cherished1.co) please type Missed Time in the subject line.

Employee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Consumer Name: \_\_\_\_\_ Missed Time Date MM/DD/YY: \_\_\_\_\_

Time In \_\_\_\_\_ AM PM Location: \_\_\_\_\_

Time Out \_\_\_\_\_ AM PM Location: \_\_\_\_\_

Reason for Missed Time: \_\_\_\_\_

### Service Provided:

PCA

Homemaker

TF	TG	Cleaning
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Other Service –

Please Specify ie: In Home Supports W or W/O train, ICLS, Respite, Night Supervision ... etc

\_\_\_\_\_

Duties: \_\_\_\_\_

### Acknowledgement and Required Signatures

Review the completed time sheet for accuracy before signing. **It is a crime to provide false information on billings for Medical Assistance payment.** Your signature verifies the time and service entered above are accurate and that the services performed as specified in the Service / Care Plan.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Program Participant (or Participant Representative) Signature

\_\_\_\_\_  
Date

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**Internal Office Staff Only:**

1) Check to see if this document creates an issue in HHA – Over 16 hours – Over 40 in a week – Over 310 Rule \_\_\_\_\_

2) Enter Completed form Information into HHA \_\_\_\_\_

3) Scan and Upload Document into HHA \_\_\_\_\_