

EMPLOYEE PRINT NAME _____ Homemaker

CONSUMER PRINT NAME _____ MHCP OR D.O.B. _____



Cherish LLC - Homemaker Timesheet
2506 E Beltline - Hibbing, MN 55746

TOTAL TIMESHEET HOURS _____

TIME SHEET

PHONE: (218) 263-9000

FAX: (218) 263-8336

EMAIL: becca@cherished1.co

YEAR _____	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL HOURS
MONTH / DAY															
START TIME															
END TIME															
TOTAL HOURS															



Services Provided	USE AM OR PM - - - MARK WHICH ACTIVITIES YOU PERFORMED THAT VISIT <u>ACCORDING TO THE SERVICE PLAN</u>														
Kitchen															
Living Room															
Bathroom															
Bedroom															
Laundry															
Meal Preparation															
Safe Bath Assist (TG)															
Errands (TF)															

Note all hospitalizations, incarcerations or care facility dates:

Staff will report to the responsible party and/or supervisor any changes in health or behavior that they notice while providing services.

Employee Signature

Date

Consumer/Responsible Party Signature

Date

Employee Phone

Consumer Phone

Signatures verify that the information entered above are accurate and were performed as specified in the consumer service plan and all duties were performed satisfactorily.
It is a Federal Crime to provide false information on billings for Medical Assistance payment. Cherished Home Management will investigate and report suspected fraud.