

Employee Full Name		UMPI #	
Program Participant Name		MHCP # or D.O.B.	

TOTAL TIME SHEET HOURS _____

SUPPORT WORKER 1:1 TIME SHEET

* Timesheets are due every other Tuesday by 5:00 pm * Any incomplete, conflicting or erroneous time sheets will NOT be processed.
 * A PCA cannot be the spouse of Program Participant. * A PCA cannot be a parent of minor child who is a Participant

Email Address :

Cherish LLC A CFSS / PCA / Home Management Agency Mail: 2506 E Beltline - Hibbing, MN 55746 Phone: 218.263.9000 / FAX: (218) 263-8336 Email: becca@cherished1.co	Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Health Related	IADL's	Behavior													
													SUN											
													MON											
													TUE											
													WED											
													THR											
													FRI											
													SAT											
													Initial Cares each day, as specified in the care plan.											
														MM/DD/YY	Draw a line through days <u>NOT</u> worked. Use AM or PM									
												SUN												
												MON												
												TUE												
												WED												
												THR												
												FRI												
												SAT												
												Do NOT use White Out - Maximum hours per week - 40												
												Document all hospitalization / incarceration or care facility dates.												

Acknowledgement and Required Signatures

After the PCA has documented his/her time and activity, the recipient must draw a line through any dates/times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. **It is a crime to provide false information on PCA 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 PCA Care Plan.

Employee Signature

Program Participant (or Responsible Party) Signature

Employee Phone Number

Date

Program Participant (or RP) Phone Number

Date