

Inspired Home Care Services, Inc.

Personal Care Time and Activity Documentation

Please mail document weekly to: 18560 Cleary Road NW, Anoka MN 55303

Select Services: <input type="checkbox"/> PCA <input type="checkbox"/> Homemaking	
Agency: Inspired Home Care Services, Inc.	Phone: 763-323-2958
Dates/Location of Recipient stay in Hospital/care facility/incarceration:	Week of:

Dates of Services Thurs - Wednesday	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
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Activities

Complete by placing a check in the boxes that you completed during visit

Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Health Related Behaviors							
Health Related Tasks							
IADL'S							
Light Housekeeping							
Laundry							
Meal Prep							
Errands							
Other							

Visit One

Ratio staff to Recipient	1:1	1:1	1:1	1:1	1:1	1:1	1:1
Shared Care Location	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Time In:							
Time out:							

Visit Two

Ratio of Staff to Recipient	1:1	1:1	1:1	1:1	1:1	1:1	1:1
Shared Care Location	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Time In:							
Time Out:							

Daily Totals:

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Acknowledgement and Required Signatures

After the PCA has documented his/her time and activity, the recipient must draw a line through and dates and times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA Billing for medical Assistant 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 (First, MI, Last)	MA Member ID or DOB	Recipient/RP Signature	Date
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I certify and swear under penalty of law that I have accurately reported on this time sheet the hours I actually worked, the services I provided, and the dates and times worked. I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings, and be required to pay back misrepresented hours.

PCA Name (First, MI, Last)	PCA NPI/Umpi	PCA Signature	Date
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Timesheets need to be mailed every Thursday following your Wednesday visit. If timesheet are not received when billing is entered, they will be processed with the following billing cycle. Envelopes and postage are provided with every monthly visit.