

Affordable Angels PCA Timesheet and Charting

Please fill in each date and time worked with client

| Date/Day | MON | TUE | WED | THUR | FRI | SAT | SUN |
|-----------------------------|----------|----------|----------|----------|----------|----------|----------|
| | / / | / / | / / | / / | / / | / / | / / |
| Time In <u>(Visit 1)</u> | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| Time Out | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| Time In <u>(Visit 2)</u> | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| Time Out | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| Hours/Min | | | | | | | |

Dates/Location of Client Stay In Hospital/Care Facility/Incarceration

TOTAL HRS _____

Please initial each activity provided for the client.

| Activity | MON | TUE | WED | THUR | FRI | SAT | SUN |
|--------------------|-----|-----|-----|------|-----|-----|-----|
| Dressing | | | | | | | |
| Grooming | | | | | | | |
| Bathing | | | | | | | |
| Eating | | | | | | | |
| Transfers | | | | | | | |
| Mobility | | | | | | | |
| Positioning | | | | | | | |
| Toileting | | | | | | | |
| Health Related | | | | | | | |
| Behavior | | | | | | | |
| IADL'S (18+ years) | | | | | | | |

Acknowledgement and Required Signatures

After the PCA has documented his/her time and activity, the client must draw a line through any 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 billings for Medical Assistance 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.

Client Name: _____

PCA Name: _____

MA Member# or Birth Date: _____

UMPI #/ Empl. # _____

Client Signature: _____

PCA Signature: _____

Date

Date