



961 Grand Avenue  
St. Paul, MN 55105  
Tele: 651-789-2299

**BI-WEEKLY PCA TIME & ACTIVITY DOCUMENTATION**

EMPLOYEE NAME: Donald Duck  
FIRST AND LAST NAME

CLIENT NAME: Mouse Mickey  
LAST NAME, FIRST NAME

PERIOD COVERED: 5/31/2010 TO 6/13/2010

Dates / Location of Recipient Stay in HOSPITAL / CARE FACILITY / INCARCERATION:

Activities Please write your initials next to all the activities you provided on a daily basis.

ACTIVITIES	MON	TUES	WED	TH	FRI	SAT	SUN	MON	TUES	WED	TH	FRI	SAT	SUN
Dressing	DD		DD		DD			DD		DD		DD		
Grooming	DD		DD					DD		DD				
Bathing	DD		DD					DD		DD				
Eating	DD		DD		DD			DD		DD		DD		
Transfers														
Mobility														
Positioning														
Toileting														
Health Related Behavior	DD		DD					DD						
IADL's (only recipients age 18+)														
Light Housekeeping			DD							DD				
Laundry					DD							DD		
Other (Shopping)					DD							DD		

DAY	DATE	VISIT ONE		Ratio Staff In Client	Location (shared only)	VISIT TWO		Ratio Staff In Client	Location (shared only)	TOTAL TIME
		IN	OUT			IN	OUT			
MONDAY	5/31/2010	9:00	2:00	1:1 1:2 1:3		5:00	10:00	1:1 1:2 1:3		10
TUESDAY	6/1/2010			1:1 1:2 1:3				1:1 1:2 1:3		
WEDNESDAY	6/2/2010	9:30	2:30	1:1 1:2 1:3		5:15	10:15	1:1 1:2 1:3		10
THURSDAY	6/3/2010			1:1 1:2 1:3				1:1 1:2 1:3		
FRIDAY	6/4/2010	9:00	2:00	1:1 1:2 1:3				1:1 1:2 1:3		5
SATURDAY	6/5/2010			1:1 1:2 1:3				1:1 1:2 1:3		
SUNDAY	6/6/2010			1:1 1:2 1:3				1:1 1:2 1:3		
MONDAY	6/7/2010	8:00	1:00	1:1 1:2 1:3		5:00	10:00	1:1 1:2 1:3		10
TUESDAY	6/8/2010			1:1 1:2 1:3				1:1 1:2 1:3		
WEDNESDAY	6/9/2010	9:00	2:00	1:1 1:2 1:3		4:30	9:00	1:1 1:2 1:3		9.5
THURSDAY	6/10/2010			1:1 1:2 1:3				1:1 1:2 1:3		
FRIDAY	6/11/2010	5:00	10:00	1:1 1:2 1:3		5		1:1 1:2 1:3		5
SATURDAY	6/12/2010			1:1 1:2 1:3				1:1 1:2 1:3		
SUNDAY	6/13/2010			1:1 1:2 1:3				1:1 1:2 1:3		
TOTAL HOURS & MINUTES (HH:MM) THIS TIME SHEET						Total 1:1	Total 1:2	Total 1:3	=	TOTAL TIME
						49.5				49.5

\*\*\* PLEASE SUBMIT THE COMPLETED ORIGINAL(S) WITH YOUR TIMESHEET. THANK YOU! \*\*\*

**Acknowledgement and Required Signatures:**

After the PCA has documented his/her time and activity, the recipient must draw a line through any times and dates he/she did not receive 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.

RECIPIENT NAME (First, MI, Last) <u>Mickey Mouse</u>	MA MEMBER # OR BIRTH DATE <u>01234567</u>	PCA NAME (First, MI, Last) <u>Donald Duck</u>	PCA PROVIDER NUMBER <u>A123456789</u>
RECIPIENT / RESPONSIBLE PARTY SIGNATURE <u>Mickey Mouse</u>	DATE <u>6/13/10</u>	PCA SIGNATURE <u>Donald Duck</u>	DATE <u>6/13/10</u>