CARING COMPANY, INC.
Your Partner in Home Health Care

PCA Time and Activity Documentation 1:1 Care

FAX TO 952-881-0259
PHONE 952-767-3793

	WEEK #1							WEEK #2						
	THURS	FRI	SAT	SUN	MON	TUES	WEDS	THURS	FRI	SAT	SUN	MON	TUES	WEDS
DATE MM/DD/YYYY														
TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	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	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	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	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	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	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Daily Minutes														
ACTIVITIES			TOTAL WEEKLY MINUTES							TOTAL WEEKLY MINUTES				
Dressing														
Grooming														
Bathing														
Eating														
Transfers														
Mobility														
Positioning														
Toileting														
Health Related														
Behavior														
IADL's (Age18+)														

Acknowledgement and Required Signatures

DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION

After the PCA has documented his/her time and activity, the responsible party must draw a line through any dates/times that the recipient 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. By signing below you swear and verify the time and services entered above are accurate and that the services were performed by the PCA listed as specified in the PCA Care Plan.

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.

RECIPIENT NAME	MA #/BIRTHD1/30/1992ATE	PCA NAME	PCA NPI/UMPI
RESPONSIBLE PARTY SIGNATURE	DATE	PCA SIGNATURE	DATE