

Passionate Care LLC

11011 Jefferson Street Blaine, MN55434

Fax;763-755-0217

WEEK 1	THUR	FRI	SAT	SUN	MON	TUE	WED	WEEK 2	THUR	FRI	SAT	SUN	MON	TUE	WED
Month/Day/Year	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Time IN								Time IN							
Time OUT								Time OUT							
Time IN								Time IN							
Time OUT								Time OUT							
Total Daily Hrs:								Total Daily Hrs:							
Supports	Total WK 1 Hrs:							Supports	Total WK 2 Hrs:						
Dressing								Dressing							
Grooming								Grooming							
Bathing								Bathing							
Meal Prep								Meal Prep							
Transfers								Transfers							
Mobility								Mobility							
Positioning								Positioning							
Bathroom								Bathroom							
Cleaning								Cleaning							
Laundry								Laundry							
Health-Related	~~~~~							Health-Related	~~~~~						
Behavior								Behavior							
Other								Other							
Week one	Shared Care				Week two			PCA NOTES: (Ex:Hospitalization dates, vacation, etc.) PCA's may not bill for dates/times when the consumer is hospitalized.							
1.2	1.3			1.2	1.3										
Fraud Statement Acknowledgement: After the PCA has documented time and supports, the consumer must review the timesheet and draw a line through any item in which services were <u>not</u> received. Signatures verify that the information entered above are accurate and were performed as specified in the consumer care plan. It is a Federal Crime to provide false information on PCA billings for Medical Assistance payment. CILNM will investigate and report suspected fraud.								Relationship to Client: (Ex: Mother/Father, daughter/son, aunt/uncle, stepparent, cousin, etc.)							
Consumer Signature _____ DOB: _____ <i>Client Name/ Responsible Party:</i> _____ MA# _____ _____ Date: _____								Please use standard 12 hr time and indicate AM & PM. PCA's: Initial each box in which supports were provided by you for each shift. Timesheet are due every other Wednesday after work is done.							
PCA MHCP# _____								OFFICE USE ONLY Two Week Total _____							
PCA Signature: _____ Date: _____								PCA Print NAME: _____ Phone:763 862-9093							