

Homemaking Time Sheet



email / Prohealthts@Gmail.com (FAX: 763-746-8154)

Services	MON-18	TUE-18	WED-18	THU-18	FRI-18	SAT-18	SUN-18	MON-18	TUE-18	WED-18	THU-18	FRI-18	SAT-18	SUN-18
Month/Day/Year	/	/	/	/	/	/	/	/	/	/	/	/	/	/
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
Total Daily Hrs:														
ADL'S with Modifier (TG) Total WK 1 Hrs:							ADL'S with Modifier (TG) Total WK 2 Hrs:							
Bathing														
Toileting														
Grooming														
Eating														
Ambulating														
Home Management with Modifier (TF)							Home Management with Modifier (TF)							
Meal Prep														
Shopping														
Simple Repairs														
Arrange Transport														
Basic Cleaning Services (\$5130)							Basic Cleaning Services (\$5130)							
Laundry														
Wash / Dry Dishes														
Dust Furniture														
Floors / Carpet														
Emptying Garbage														
Clean Mirrors/Glass														
Clean Bathrooms														
Make Bed														
Cleanout Refrig.														
Wipe Down Counters														

Acknowledgment and Required Signatures

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

Dates/Tmes/Location of client stay in Hospital/Care Facility/Incarceration

NOTE: All times of client stay in any of the above locations are **NOT** counted as Homemaker Service Hours, and therefore are **NOT** billable.

Homemaker Print Name: _____

Homemaker Signature: _____ **Date:** / / 2018

Client Print Name: _____ **DOB:** _____

Client or RP Signature: _____ **Date:** / 2018

Please use standard 12 hr time and indicate AM & PM.

Homemaker: Initial each box in which supports were provided by you for each visit. Timesheets are due on Monday after the last Sunday on the timesheet at 4:30 PM

OFFICE USE ONLY: Two Week Total: _____

Phone Number: 763-746-8155 After Hours Phone: 612-757-2320
Pro-Health Care, Inc / 4710 Central Ave NE , Columbia Heights MN 5542

Homemaker Phone number: _____ Is there a change of Homemaker or Client Address? Yes No, If Yes , please update address on the line below.