

Complete only if client was hospitalized:

Date	Time	Admit	Date	Time	Discharge
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	

No hours can be claimed if Client is in the hospital, nursing home or out of home placement.



## HOMEMAKER TIME REPORT

Fax: 763 – 208 – 6089 or Scan and Email to: [timecards@sincerehomecaremn.com](mailto:timecards@sincerehomecaremn.com)

Client Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_

Homemaker Name: \_\_\_\_\_ Pay Period Start/End Date(s): \_\_\_\_\_

**PLEASE READ: This time report must be received by no later than Tuesday, of the non-pay week, no later than 5 PM. Please see your time report example or call the office if assistance is needed.**

**Complete time reports DAILY, White – out is Not Allowed, Picture Submissions are Not Allowed, Do not write X marks, ✓ marks; Initials Only, Use Blue or Black Pen Only,**

**Complete time report in its entirety, Incomplete time reports will be returned, Late time reports will be paid the following pay period.**

Week One	Mo/Day/Yr.	Time In/Out Indicate AM or PM	Time In/Out Indicate AM or PM	Total Hrs.	Routine Household Care	Transportation Arrangement	Meal Preparation	Shopping & Errands	Assistance with ADLS	Companionship	Communication Assistance
Mon											
Tues											
Wed											
Thu											
Fri											
Sat											
Sun											
Total Time for Week One											

Week Two	Mo/Day/Yr.	Time In/Out Indicate AM or PM	Time In/Out Indicate AM or PM	Total Hrs.	Routine Household Care	Transportation Arrangement	Meal Preparation	Shopping & Errands	Assistance with ADLS	Companionship	Communication Assistance
Mon											
Tues											
Wed											
Thu											
Fri											
Sat											
Sun											
Total Time for Week One											

**\*\*NOTICE: Your signature verifies the times and services entered above are accurate and that the services were performed as specified in the PCA Care Plan.**

**It is a Federal Crime to provide false information for Medical Assistance payment.\*\***

Homemaker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_