

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.



PCA TIME REPORT

Fax: 763 – 208 – 6089 or Scan and Email to: timecards@sincerehomecaremn.com

Client Name: _____ Client DOB: _____

Employee Name: _____ PCA#: _____ Pay Period Start/End Date(s): _____

This time report is to be completed DAILY and in its entirety. Incomplete time reports will be returned for completion. By signing below, the PCA and CLIENT verifies that all the information entered on this form is accurate and truthful. ***This time report must be received by no later than Tuesday, of the non-pay week, no later than 5 PM. Incomplete or late time reports may result in a delay of payment. Please see your time report example or call the office if assistance is needed.***

Week One	Mo/Day/Yr.	Time In/Out Indicate AM or PM	Time In/Out Indicate AM or PM	Total Hrs.	Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Light House- Keeping	Laundry	Health- Related Assistance	Behaviors
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.	Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Light House- Keeping	Laundry	Health- Related Assistance	Behaviors
Mon																
Tues																
Wed																
Thu																
Fri																
Sat																
Sun																
Total Time for Week Two																

****NOTICE: Your signature verifies the time 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.**

PCA Signature: _____ Date: _____ Client Signature: _____ Date: _____

All above information is to be considered confidential and is to be treated in accordance with agency policy.