

Complete only if client was hospitalized:

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



SINCERE HOME CARE
REAL PEOPLE. SUPREME SUPPORT.

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

PCA TIME REPORT

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

PCA Name: _____ PCA#: _____ 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 or ✓marks; Initials Only, Use Blue or Black Pen Only,

Complete time report in its entirety, Incomplete and Incorrect time reports will be returned for resubmission, 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.	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																

***** CLIENT NOTICE***: After the PCA 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 PCA. Review the completed timesheet 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 service entered above are accurate and that the services were performed as specified in the PCA Care Plan.**

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

For Office Use Only:

Billed = _____ Payroll = _____ S.S Entry = _____