

Complete only if client was hospitalized:

EXAMPLE ONLY



SINCERE HOME CARE
REAL PEOPLE. SUPREME SUPPORT.

Date	Time	Admit	Date	Time	Discharge
01/17/17	9:30 AM		01/18/17	2:30 PM	

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: Mary Smith Client DOB: 00/00/0000

Employee Name: Jane Doe PCA#: A123456789 Pay Period Start/End Date(s): 01/16/2017 to 01/29/2017

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	01/16/17	7:15 AM	12:00 PM	4.75	MS	MS		MS	MS			MS			MS	
Tues	01/17/17	Hospital														
Wed	01/18/17	Hospital														
Thu	01/19/17	8:00 AM	4:00 PM	8	MS	MS		MS	MS	MS	MS	MS		MS	MS	
Fri	01/20/17	9:00 AM – 1:00 PM	3:00 PM – 5:15 PM	6.25	MS	MS		MS		MS						
Sat	01/21/17	2:00 PM	9:00 PM	7	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	
Sun	01/22/17															
Total Time for Week One				26												

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	01/23/17	7:00 AM – 10:00 AM	7:00 PM – 10:00 PM	6	MS	MS	MS	MS	MS	MS		MS			MS	
Tues	01/24/17															
Wed	01/25/17	2:15 PM	9:00 PM	6.75	MS	MS	MS	MS				MS		MS		
Thu	01/26/17	5:45 PM	9:45 PM	4	MS	MS	MS	MS			MS				MS	
Fri	01/27/17	7:15 AM – 9:00 AM	3:00 PM – 6:00 PM	4.75	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	
Sat	01/28/17															
Sun	01/29/17	7:00 AM – 9:00 AM	1:00 PM – 8:00 PM	9	MS	MS	MS	MS		MS	MS	MS	MS		MS	
Total Time Week Two				30												

****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: Mary Smith Date: 01/29/17

Client Signature: Jane Doe Date: 01/29/17