

HOMEMAKER Time and Activity Documentation

FAX: 612-722-2186

WEEK 1	SAT	SUN	MON	TUES	WED	THUR	FRI	WEEK 2	SAT	SUN	MON	TUES	WED	THUR	FRI		
Month/Day/Year	06/30/18	07/01/18	07/02/18	07/03/18	07/04/18	07/05/18	07/06/18	Month/Day/Year	07/07/18	07/08/18	07/09/18	07/10/18	07/11/18	07/12/18	07/13/18		
VISIT ONE								VISIT ONE									
TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM TIME IN	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 TIME OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		
VISIT TWO								VISIT TWO									
TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	PM TIME IN	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	PM TIME OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		
Total Daily Hrs:								Total Daily Hrs:									
WEEK 1							1:1 Total hours:		WEEK 2							1:1 Total hours:	
Activities								Activities									
Tidy Bathroom								Tidy Bathroom									
Vacuum								Vacuum									
Make Bed								Make Bed									
Dust								Dust									
Sweep								Sweep									
Mop								Mop									
Wash Dishes								Wash Dishes									
Take Out Trash								Take Out Trash									
Change Linens								Change Linens									
Meal Prep								Meal Prep									
Laundry								Laundry									
Housekeeping								Housekeeping									

Acknowledgements & Signatures:

After the Homemaker 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 homemaker. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on homemaking billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the homemaking Care Plan.

Print Recipient Name	Member # or DOB	<p>Please use standard 12 hr time, in 15 min increments, with minutes noted.</p> <p>Timesheet must indicate AM or PM for every Time IN and every Time OUT.</p> <p>Every date box must have month/day/year entered for entire timesheet.</p> <p>Timesheet must be filled out each shift.</p> <p>Timesheet must be an ORIGINAL timesheet - not photocopied.</p> <p>Incomplete, incorrect, or illegible timesheets cannot be accepted for billing.</p>
Recipient/Responsible Party Signature:	Date:	
Print Homemaker Name	Homemaker Provider #	
Homemaker Signature:	Date:	
Dates and location of Recipient stay in Hospital or Care Facility.		<p>DIAMONDS HOME CARE INC</p> <p>2740 Minnehaha Ave # 146 PH: 612-724-4254</p> <p>Minneapolis MN 55406 FAX: 612-722-2186</p> <p>Website: www.diamonds-pca.com</p> <p>Reminder: Timesheets are due by 5:00PM on Monday 07/16/2018</p>