



Accra Care Inc.
 1011 1st Street S #315, Hopkins MN 55343
 Phone: 952-935-3515 Fax: 952-935-7112
 Email Timesheet: mytime@accracare.org

Complete only if consumer was hospitalized:

Admit	Date	Time	Discharge	Date	Time
	1/8/18	8:30am		1/9/18	2:30pm

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

Consumer: John Doe DOB: 1/5/1961 MA# 01234567 Pay Period End Date: _____
 (Please Print) 012345

WEEK ONE

Wk One	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	1:1 Hours	Shared Care			Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Cleaning	Laundry	Health Related	Behavior	Cooking
					1:2	1:3	Location													
Sun	1/7/18	7:15am	12pm	4.75				JS	JS		JS		JS	JS	JS		JS		JS	JS
Mon	1/8/18	Hospital																		
Tue	1/9/18	Hospital																		
Wed	1/10/18	8:30 AM	4pm	7.5				JS	JS		JS		JS	JS	JS		JS		JS	JS
Thur	1/11/18	9am - 1pm	3:45pm - 5pm	5.25				JS	JS	JS	JS			JS	JS	JS	JS			
Fri	1/12/18																			
Sat	1/13/18	11pm	12am	1				JS	JS		JS		JS	JS	JS		JS		JS	JS
				Total	18.5			Initial Cares Provided												

***Maximum Hours per week**
40 hours under PCA for all consumers combined

WEEK TWO

Wk Two	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	1:1 Hours	Shared Care			Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Cleaning	Laundry	Health Related	Behavior	Cooking
					1:2	1:3	Location													
Sun	1/14/18	2am - 7am	6pm - 12am	13				JS	JS		JS		JS	JS	JS		JS		JS	JS
Mon	1/15/18	12am	1:15am	1.25				JS	JS		JS		JS	JS	JS		JS		JS	
Tue	1/16/18	2pm	9:30pm	7.5				JS	JS		JS		JS	JS	JS		JS		JS	JS
Wed	1/17/18	5pm	9:45pm	4.75				JS	JS	JS	JS			JS	JS	JS	JS			
Thur	1/18/18																			
Fri	1/19/18																			
Sat	1/20/18	11pm	12am	1				JS	JS	JS	JS		JS	JS	JS	JS	JS		JS	
				Total	27.5			Initial Cares Provided												

***Maximum Hours per week**
40 hours under PCA for all consumers combined

**Your signature verifies the recorded hours and cares checked are true and 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.

Jane Smith 1/20/2018 Jane Smith 100000 John Doe 1/20/2018
 Employee Signature Date Employee Name (Printed) Emp ID (on PayStub) Responsible Party Signature Date

Employee Phone #: _____

Consumer or Responsible Party Phone #: _____

*** Timesheets are due in the office by noon Tuesday following the end of the pay period.
 *** Employees are only paid for time they are physically present and working with the consumer.

Sample scan using the Adobe Scan app on smartphones