



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:

| | | | |
|----------------|---------|--------------------|---------|
| Date | Time | Date | Time |
| Admit 12/15/14 | 8:30 am | Discharge 12/16/14 | 2:30 pm |

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

Consumer: John Doe
 (Please Print)

DOB: 1/5/61 MA#: 00123456 Pay Period End Date: 12/27/2014

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 | 12/14/14 | 7:15 am | 12:00 pm | 4.75 | | | | MS | MS | | MS | | MS | MS | MS | | MS | | MS | MS |
| Mon | 12/15/14 | hospital | | | | | | | | | | | | | | | | | | |
| Tue | 12/16/14 | hospital | | | | | | | | | | | | | | | | | | |
| Wed | 12/17/14 | 8:00 am | 4:00 pm | 8 | | | | MS | MS | | MS | | MS | MS | MS | | MS | | MS | MS |
| Thur | 12/18/14 | 9:00 am - 1:00 pm | 3:00 pm - 5:15 pm | 6.25 | | | | MS | MS | MS | MS | | | MS | MS | MS | MS | | | |
| Fri | 12/19/14 | 2:00 pm | 9:00 pm | 7 | | | | MS | MS | | MS | | MS | MS | MS | | MS | | MS | MS |
| Sat | 12/20/14 | | | | | | | | | | | | | | | | | | | |
| | | | | ***Maximum Hours per week*** 40 hours under PCA for all consumers combined | Total | | | | | | | | | | | | | | | |

Initial Cares Provided

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 | 12/21/14 | 7:00 am - 10:00 am | 7:00 pm - 10:00 pm | 6 | | | | MS | MS | | MS | | MS | MS | MS | | MS | | MS | MS |
| Mon | 12/22/14 | | | | | | | | | | | | | | | | | | | |
| Tue | 12/23/14 | 2:15 pm | 9:00 pm | 6.75 | | | | MS | MS | | MS | | MS | MS | MS | | MS | | MS | |
| Wed | 12/24/14 | 5:45 pm | 9:45 pm | 4 | | | | MS | MS | | MS | | MS | MS | MS | | MS | | MS | MS |
| Thur | 12/25/14 | 7:15 am - 9:00 am | 3:00 pm - 6:00 pm | 4.75 | | | | MS | MS | MS | MS | | | MS | MS | MS | MS | | | |
| Fri | 12/26/14 | | | | | | | | | | | | | | | | | | | |
| Sat | 12/27/14 | 7:00 am - 9:00 am | 1:00 pm - 8:00 pm | 9 | | | | MS | MS | MS | MS | | MS | MS | MS | MS | MS | | MS | |
| | | | | ***Maximum Hours per week*** 40 hours under PCA for all consumers combined | Total | | | | | | | | | | | | | | | |

Initial Cares Provided

****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.**

Mary Smith 12/27/2014
 Employee Signature Date

Mary Smith 000000
 Employee Name (Printed) Emp ID (on PayStub)

John Doe 12/27/2014
 Responsible Party Signature Date

Employee Phone #: 952-555-4321

Consumer or Responsible Party Phone #: 952-555-1111

*** 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.