



Accra Care, Inc. a 245D Provider  
 12600 Whitewater Drive Ste 100, Minnetonka, MN 55343  
 Phone: 952-935-3515 Fax: 952-935-7112  
 Email: mytime@accracare.org

Complete only if Client was hospitalized:			
Date	Time	Date	Time
Admit	10/14/2022 4:00 PM	10/15/2022 3:00 PM	
No hours can be claimed if Client is in the hospital, nursing home, incarcerated or out of home placement			

Client: **James Test** DOB: **1/1/1991** MA#: **01234567**  
 (Please Print) 014468

Period End Date: 10/22/2022

WEEK ONE

Wk One	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	Adult Companion Or Pers Supt Or IHS	Respite	Homemaker	** Night Supervision / ICLS
Sun	10/9/2022						
Mon	10/10/2022	3:30 PM	5:45 PM	2.25			
Tue	10/11/2022	4:00 PM – 11:00 PM	11:00 PM – 11:59 PM	7	1		
Wed	10/12/2022	12:00 AM	8:30 AM		8.5		
Thur	10/13/2022	2:00 PM	4:00 PM			2	
Fri	10/14/2022	Hospital					
Sat	10/15/2022	Hospital					

\*\*\*Maximum Hours per week\*\*\*  
 40 hours  
 for all Clients combined

Total

9.25	9.5	2	
Adult Companion Or Pers Supt Or IHS	Respite	Homemaker	Night Supervision

WEEK TWO

Wk Two	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	Adult Companion Or Pers Supt Or IHS	Respite	Homemaker	** Night Supervision / ICLS
Sun	10/16/2022						
Mon	10/17/2022	3:00 PM	9:00 PM	6			
Tue	10/18/2022	10:00 AM	3:45 PM	5.75			
Wed	10/19/2022	2:00 PM	4:00 PM				2
Thur	10/20/2022	4:00 PM – 9:30 PM	9:30 PM – 11:59 PM	5.5	2.5		
Fri	10/21/2022	12:00 AM – 8:00 AM	8:00 AM – 10:00 AM	2	8		
Sat	10/22/2022						

\*\*\*Maximum Hours per week\*\*\*  
 40 hours  
 for all Clients combined

Total

19.25	10.5		2
Adult Companion Or Pers Supt Or IHS	Respite	Homemaker	Night Supervision

\*Please make sure your hours are in the column that corresponds to the services you are providing to the Client.

\*\*Basic Homemaker is not a 245D Service. For duties, see the Support Plan Addendum.

\*\*By signing this timesheet I am verifying the above recorded hours are true and accurate. It is a Federal Crime to provide materially false information on service billings for Medical Assistance payment or services provided under a federally approved waiver plan as authorized under Minnesota Statutes 256B.0913, 256B.0915, 256B.092, 256B.49.

*Gary Employee*  
 10/24/2022  
 Employee Signature Date

Gary Employee  
 Employee Name (Printed)  
 DSP 100000  
 Title Emp ID

(On Pay Stub)

*James Test*  
 10/24/2022  
 Client or Responsible Party Signature Date

Employee Phone # (555) 555 - 5555

Client or Responsible Party Phone # (444) 444.4444