Prem:_______

Shad:________

Student Experience

2829 University Ave SE Suite 110 — Minneapolis, MN 55414
120 Mount Royal Shopping Circle — Duluth, MN 55803
Ph: 612-353-3950

PCA Time and Activity Documentation

Start Date / / End Date / /

If CLIENT was in the hospital, care facility, or detention center, please list dates:

____

Orientation Date:_________

Shadowing Date:____________ Hours:___________(No more then 2 or as directed by the Relations Manager)

Week One

Premium Pay PLACE AN "X" IN BOX.							
	Wed	**Thurs**	**Fri**	**Sat**	**Sun**	**Mon**	**Tues**
Dates of Service	/	/	/	/	/	/	/
Ratio staff to Recipient	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2
Shared Service (1:2 only) Location							
Time In (15 minute increments)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out (15 minute increments)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Ratio staff to Recipient	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2
Shared Service (1:2 only) Location							
Time In (15 minute increments)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out (15 minute increments)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Daily Total Hours:							

Activities (Please initial cares you provided)

Dressing (Appropriate clothing, changing, or dressing, incl. orthotics)							
Grooming (Hair, oral care, nail care, shaving, cosmetics, glasses)							
Bathing (Bed bath, tub bath, or shower)							
Eating (Preparing meals and feeding client)							
Transfers (from chair to bed etc.)							
Mobility (moving around in wheelchair)							
Positioning (In bed or chair)							
Toileting (In bathroom and diapering)							
Health Related (Tube Feeding, Respiratory, Catheterization, Bowel							
Behaviors (Redirecting, intervening, and monitoring)							
IADL's Including laundry and light house keeping (MUST be 18 or on Care							

Week Two

Premium Pay PLACE AN "X" IN BOX.							
	Wed	**Thurs**	**Fri**	**Sat**	**Sun**	**Mon**	**Tues**
Dates of Service	/	/	/	/	/	/	/
Ratio staff to Recipient	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2
Shared Service (1:2 only) Location							
Time In (15 minute increments)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out (15 minute increments)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Ratio staff to Recipient	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2	1:1 1:2
Shared Service (1:2 only) Location							
Time In (15 minute increments)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out (15 minute increments)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Daily Total Hours:							

Activities (Please initial cares you provided)

Dressing (Appropriate clothing, changing, or dressing, incl. orthotics)							
Grooming (Hair, oral care, nail care, shaving, cosmetics, glasses)							
Bathing (Bed bath, tub bath, or shower)							
Eating (Preparing meals and feeding client)							
Transfers (from chair to bed etc.)							
Mobility (moving around in wheelchair)							
Positioning (In bed or chair)							
Toileting (In bathroom and diapering)							
Health Related (Tube Feeding, Respiratory, Catheterization, Bowel							
Behaviors (Redirecting, intervening, and monitoring)							
IADL's Including laundry and light house keeping (MUST be 18 or on Care							

	Total Week 1	Total Week 2
Total time Rounded to quarter hours. Not including shadowing.		

TIMESHEET TOTAL 1:1 [ ]

TIMESHEET TOTAL 1:2 [ ]

Recipient Name (First, MI, Last)_______________________________ **DOB**______________

Recipient/Responsible Party Signature___________________________ **Date**______________

PCA Name (First, MI, Last)_______________________________ **UMPI/PCA Number**______________

PCA Signature_______________________________ **Date**______________

Acknowledgment and required signatures: After the PCA has documented his/her time and activity, the <u>recipient</u> must draw a line through any dates and times he/she did not receive from the PCA. Review the completed timesheet for accuracy before signing. It is a federal crime to provide false information on PCA billings for medical payment. Your signature verified the time and services entered above are accurate and that the services were performed as specified in the PCA Care Plan. <u>Incorrect time sheets will be returned for correction and not paid on time.</u> <u>Time sheet MUST be filled out in BLACK or BLUE PEN and NO WHITEOUT OR PENCIL!</u>