

**Pro-Health Home Care Agency: 4710 Central Ave NE , Columbia Heights MN 55421**

Email / Prohealthts@Gmail.com. (FAX: 763-746-8154), Phone Number: 763-746-8155 After Hours Phone: 612-757-2320

					2022				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Client's Covid Screening Symptoms*	Client Temp. F	HHA's Covid Screening Symptoms*	HHA Temp. F	HHA Initials
Respite	IHS w/o Training	Night Supervision	ICLS	Total DH					
Mo/Day/Yr	Week 1	Time In	Time Out						
/ /2022	Mon	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2022	Tue	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2022	Wed	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2022	Thu	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2022	Fri	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2022	Sat	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2022	Sun	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Please use standard 12 hr time and circle AM or PM.</b>									
<b>HHA's: Initial each box supports were provided by you/ visit.</b>					Client's Covid Screening Symptoms*	Client Temp. F	HHA's Covid Screening Symptoms*	HHA Temp. F	HHA Initials
Mo/Day/Yr	Week 2	Time In	Time Out	Total DH					
/ /2022	Mon	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2022	Tue	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2022	Wed	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2022	Thu	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2022	Fri	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2022	Sat	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2022	Sun	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
After the HHA 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 HHA. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on HHA 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 HHA Care Plan.						<b>Client stay in Hospital/Care Facility/Incarceration</b>			
						Place:			
						Date in:			
						Time in:			
						Date out:			
				Time out:					
Print HHA Name:					<b>Timesheets are due on Moday After The Last Sunday On The Timesheet at 4:30 PM</b>				
HHA Signature:									
Print Client Name:					<b>OFFICE USE ONLY</b>				
HHA or Responsible Party Signature:									
					Date: / /2022				
					MA # or DOB:				
					Date: / /2022				

HHA Phone Number \_\_\_\_\_. Is there a change of HHA or Client Address?  Yes  No, If Yes , please update address on the line below.

\*HHA to ask client & her/himself: Have you felt like having fever in the past day? Do you have a new or worsening cough today? Then HHA should screen client & her/himself if having any of the following symptoms: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, Congestion or runny nose, Nausea or vomiting, Diarrhea, New loss of taste or smell, Sore throat. (last CDC update 2/22/2021).