

Homemaking Time Sheet **2024** Email / ts@prohealthcare.net (FAX: 763-746-8154)

Services	MON-24	TUE-24	WED-24	THU-24	FRI-24	SAT-24	SUN-24	MON-24	TUE-24	WED-24	THU-24	FRI-24	SAT-24	SUN-24	
Month/Day/Year	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
TIME IN															
	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	
TIME OUT															
	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	
Total Daily Hrs:															
ADL'S with Modifier (TG) Total WK 1 Hrs:								ADL'S with Modifier (TG) Total WK 2 Hrs:							
Bathing															
Toileting															
Grooming															
Eating															
Ambulating															
Home Management with Modifier (TF)								Home Management with Modifier (TF)							
Meal Prep															
Shopping															
Simple Repairs															
Arrange Transport															
Basic Cleaning Services (\$5130)								Basic Cleaning Services (\$5130)							
Laundry															
Wash / Dry Dishes															
Dust Furniture															
Floors / Carpet															
Emptying Garbage															
Clean Mirrors/Glass															
Clean Bathrooms															
Make Bed															
Cleanout Refrig.															
Wipe Down Counters															

Acknowledgment and Required Signatures

After the LPN 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 LPN. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA billings for Medical Assistance payment. Your Signature verifies the time and services entered above are accurate and that the services

Dates/Tmes/Location of client stay in Hospital/Care Facility/Incarceration

NOTE: All times of client stay in any of the above locations are **NOT** counted as Homemaker Service Hours, and therefore are **NOT** billable.

Homemaker Print Name: _____

Homemaker Signature: _____ **Date:** / / 2024

Client Print Name: _____ **DOB:** _____

Client or RP Signature: _____ **Date:** / 2024

Please use standard 12 hr time and indicate AM & PM.

Homemaker: Initial each box in which supports were provided by you for each visit. Timesheets are due on Monday after the last Sunday on the timesheet at 4:30 PM

OFFICE USE ONLY: Two Week Total: _____

Phone Number: 763-746-8155 After Hours Phone: 612-757-2320
Pro-Health Care, Inc / 4710 Central Ave NE , Columbia Heights MN 5542

Homemaker Phone number: _____ Is there a change of Homemaker or Client Address? Yes No, If Yes , please update address on the line below.