

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

Email / ts@prohealthcare.net (FAX: 763-746-8154), Phone Number: 763-746-8155 After Hours Phone: 612-757-2320

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2023					
Respite	IHS w/o Training	Night Supervision	ICLS		Client's Covid Screening Symptoms*	Client Temp. F	HHA's Covid Screening Symptoms*	HHA Temp. F	HHA Initials
Mo/Day/Yr	Week 1	Time In	Time Out	Total DH					
/ /2023	Mon	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2023	Tue	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2023	Wed	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2023	Thu	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2023	Fri	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2023	Sat	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2023	Sun	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please use standard 12 hr time and circle AM or PM.

HHA's: Initial each box supports were provided by you/ visit.

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					
/ /2023	Mon	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2023	Tue	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2023	Wed	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2023	Thu	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2023	Fri	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2023	Sat	am pm	am pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /2023	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.

Client stay in Hospital/Care Facility/Incarceration

Place: _____
 Date in: _____
 Time in: _____
 Date out: _____
 Time out: _____

Print HHA Name:		Timesheets are due on Moday After The Last Sunday On The Timesheet at 4:30 PM
HHA Signature:	Date: / /2023	
Print Client Name:	MA # or DOB:	OFFICE USE ONLY
HHA or Responsible Party Signature:	Date: / /2023	

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).