

PCA Time and Activity Documentation

Pay Period: _____ to _____.

For 1:1 & Shared Care Services

Dates of Service Week One	MM/DD/YY-Sun	MM/DD/YY-Mon	MM/DD/YY-Tue	MM/DD/YY-Wed	MM/DD/YY-Thu	MM/DD/YY-Fri	MM/DD/YY-Sat	
Activities (Initial all that apply for EACH day worked)								
COMPLETE BOTH SIDES OF THIS SHEET								
Dressing								
Grooming/Hygiene								
Bathing								
Eating								
Transfers								
Mobility								
Positioning								
Toileting								
IADL's								
Health Related								
Behavior								
Visit One								
Ratio staff to recipient	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	
Shared Care Location								
Time In (circle AM or PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Time Out (circle AM or PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Visit Two								
Ratio staff to recipient	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	
Shared Care Location								
Time In (circle AM or PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Time Out (circle AM or PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Visit Three								
Ratio staff to recipient	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	
Shared Care Location								
Time In (circle AM or PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Time Out (circle AM or PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Visit Four								
Ratio staff to recipient	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	
Shared Care Location								
Time In (circle AM or PM)	AM PM	AM	AM	AM	AM	AM	AM	
Time Out (circle AM or PM)	AM PM	AM	AM	AM	AM	AM	AM	
Daily Hour Totals								
Total Hours Week One	1:1		1:2		1:3		TR	VAC

Acknowledgement and Required Signatures: After the PCA 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 PCA. 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 were performed as specified in the PCA Care Plan.

RECIPIENT NAME (First, MI, Last)	BIRTH DATE	PCA NAME (First, MI, Last)	PCA PROVIDER NUMBER
RECIPIENT / RESPONSIBLE PARTY SIGNATURE	DATE	PCA SIGNATURE	DATE

Dates of Service Week Two	MM/DD/YY-Sun	MM/DD/YY-Mon	MM/DD/YY-Tue	MM/DD/YY-Wed	MM/DD/YY-Thu	MM/DD/YY-Fri	MM/DD/YY-Sat
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Activities (Initial all that apply for EACH day worked)

COMPLETE BOTH SIDES OF THIS SHEET

Dressing							
Grooming/Hygiene							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
IADL's							
Health Related							
Behavior							

Visit One

Ratio staff to recipient	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR
Shared Care Location							
Time In (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Visit Two

Ratio staff to recipient	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR
Shared Care Location							
Time In (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Visit Three

Ratio staff to recipient	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR
Shared Care Location							
Time In (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Visit Four

Ratio staff to recipient	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR	1:1 1:2 1:3 TR
Shared Care Location							
Time In (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Daily Totals

Total Hours Week Two	1:1	1:2	1:3	TR	VAC
Office Use Only					
Total Hours for Pay Period	Total 1:1	Total 1:2	Total 1:3	TR	VAC

TR = Training VAC = Vacation Time Increments to use: 15min=.25 30min=.5 45min=.75

Yes, PCA's last check. Last day worked is _____.

PCA AGENCY NAME: Southern Minnesota Independent Living Enterprises & Services, Inc.

PHONE NUMBER: 507-345-7139

DATES/LOCATION OR RECIPIENT STAY IN HOSPITAL/CARE