



COMFORT SERVICES LLC TIME AND ACTIVITY DOCUMENTATION

HOMEMAKING

DATE/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION:

Instrumental Activities of Daily Living (IADLs): *Only recipients age 18+ who are authorized to receive homemaking services*

| Date of Service Activities | 12/29/2018 | 12/30/2018 | 12/31/2018 | 01/01/2019 | 01/02/2019 | 01/03/2019 | 01/04/2019 |
|----------------------------------|------------|------------|------------|------------|------------|------------|------------|
| | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday |
| Meal Preparation | | | | | | | |
| Laundry | | | | | | | |
| Accompany to Medical Appointment | | | | | | | |
| Shopping Food/Clothing | | | | | | | |
| Light Housekeeping/Chores | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |

Visit One

| | | | | | | | |
|--------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Ratio staff to recipient | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 |
| Share 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 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 |
| Share 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 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 |
| Share 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 |

| | | | | | | | |
|------------------------|-----------------------------|-----------|--------|-----------|--------|-----------|--------|
| Office use ONLY | Daily Total [HOURS] | HOURS: | HOURS: | HOURS: | HOURS: | HOURS: | HOURS: |
| | Total HOURS This Time Sheet | Total 1:1 | | Total 1:2 | | Total 1:3 | |
| | | | | | | | |

Acknowledgement and Required Signatures

After the PCA had 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 billing for Medical Assistance payment. Your signature verifies the time and services entered are accurate and that the services were performed as specified in the PCA care plan

| | | | |
|---|----------------------|---|------------------------|
| <u>PRINT RECIPIENT NAME [First, MI, Last]</u> | <u>DATE OF BIRTH</u> | <u>PRINT PCA NAME [First, MI, Last]</u> | <u>PCA UMPI NUMBER</u> |
| <u>RECIPIENT/ RESPONSIBLE PARTY SIGNATURE</u> | <u>DATE</u> | <u>PCA SIGNATURE</u> | <u>DATE</u> |



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Instrumental Activities of Daily Living (IADLs): *Only recipients age 18+ who are authorized to receive homemaking services*

| Date of Service Activities | 01/05/2019 Saturday | 01/06/2019 Sunday | 01/07/2019 Monday | 01/08/2019 Tuesday | 01/09/2019 Wednesday | 01/10/2019 Thursday | 01/11/2019 Friday |
|----------------------------------|------------------------|----------------------|----------------------|-----------------------|-------------------------|------------------------|----------------------|
| Meal Preparation | | | | | | | |
| Laundry | | | | | | | |
| Accompany to Medical Appointment | | | | | | | |
| Shopping Food/Clothing | | | | | | | |
| Light Housekeeping/Chores | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |

Visit One

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|--------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Ratio staff to recipient | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 |
| Share 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 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 |
| Share 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 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 | 1:1 1:2 1:3 |
| Share Care Location | | | | | | | |
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| Time Out (circle AM/PM) | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |

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|------------------------|-----------------------------|-----------|--------|-----------|--------|-----------|--------|
| Office use ONLY | Daily Total [HOURS] | HOURS: | HOURS: | HOURS: | HOURS: | HOURS: | HOURS: |
| | Total HOURS This Time Sheet | Total 1:1 | | Total 1:2 | | Total 1:3 | |
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| <u>RECIPIENT/ RESPONSIBLE PARTY SIGNATURE</u> | <u>DATE</u> | <u>PCA SIGNATURE</u> | <u>DATE</u> |