1229 EAST LAKE ST. MINNEAPOLIS MN 55407 TEL: 612-822-1203 FAX: 612-871-2161

COMFORT SERVICES LLC TIME AND ACTIVITY DOCUMENTATION

PCA

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

Date of Service Activities	12/29/2018 Saturday	12/30/2018 Sunday	12/31/2018 Monday	01/01/2019 Tuesday	01/02/2019 Wednesday	01/03/2019 Thursday	01/04/2019 Friday
Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Health Related Needs							
Behavior Observation & Redirection							
IADLs							

IADL'S * (not allowed for recipients under age 18) including: Light housekeeping, laundry, meal preparation, 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
Shared Services 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
Shared Services 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
Shared Services 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:**	**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

PRINT RECIPIENT NAME [First, MI, Last]	**DATE OF BIRTH**	**PRINT PCA NAME [First, MI, Last]**	**PCA UMPI NUMBER**
RECIPIENT/ RESPONSIBLE PARTY SIGNATURE	**DATE**	**PCA SIGNATURE**	**DATE**

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COMFORT SERVICES LLC TIME AND ACTIVITY DOCUMENTATION

PCA

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

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
Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Health Related Needs							
Behavior Observation & Redirection							
IADLs							
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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
Shared Services 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
Shared Services 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
Shared Services 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:**	**HOURS:**

Total **HOURS** This Time Sheet	**Total 1:1**	**Total 1:2**	**Total 1:3**

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PRINT RECIPIENT NAME [First, MI, Last]	**DATE OF BIRTH**	**PRINT PCA NAME [First, MI, Last]**	**PCA UMPI NUMBER**
RECIPIENT/ RESPONSIBLE PARTY SIGNATURE	**DATE**	**PCA SIGNATURE**	**DATE**