Independence Plus, Inc PO Box 116 Crookston, MN 56716

This color indicates items that must be filled in by order of the state of minnesota.

Current Em	ployee	telephone	e number
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Employee Name print First, M.I., Last:						Last 4 Social Security #				Recipient's Name print First, M.I., Last:							
Dates clier			ed, hosp	italized	or insi	tutional	lized	17.4									
WEEK 1	Pay Per	riod				211				thr	u	185					
		SUN	М	ON	T	ΓUE	T v	WED	Т	THU	Г	FRI	T	SAT			
Date Activities		MN	A/DD/YY	MM/I	DDYY	ММ	MODAY	MN	M/DD/YY		MM/DD/YY	1	MM/DD/YY	N.	MM/DD/YY		
						1000											
Dressing																	
Grooming																	
Bathing																	
Eating																	
Transfers																	
Mobility																	
Positioning																	
Toileting																	
Lighthouskee	ping																
Health Relate	d																
Behavior																	
Respite																	
Other																	
*Client Initial	Daily*	X		X		X		x		X		X		x			
Visit 1st PCA		In	AM PM	In	AM PM	In	AM PM		AM PM	In	AM PM	In	AM	In	AM		
time in			AM		AM		AM	····	AM		AM	***	PM AM	···	PM AM		
Circle AM/PM		Out		Out	PM	Out	PM	Out	PM	Out	PM	Out	PM	Out	PM		
Visit 2nd PC/	Α	In	AM PM	In	AM PM	In	AM PM	In	AM PM	In	AM PM	In	AM PM	In	AM PM		
Circle AM/PM		Out	MA		AM	1	AM		AM		AM		AM	1	AM		
	in/out	Out	PM AM	Out	PM AM	Out	PM AM	Out	PM AM	Out	PM AM	Out	PM AM	Out	PM AM		
Circle AM/PM		In	PM	In	PM	In	PM	In	PM	In		In	PM	In	PM		
		Out	AM PM	Out	AM PM	Out	AM PM	Out	AM PM	Out	AM PM	Out	AM	Out	AM PM		
time	in/out		AM		AM		AM	-	AM		AM	Out	AM	Out	AM		
Circle AM/PM		ln		ln	PM	In	PM	In	PM	in	PM	In	PM	In	PM		
		Out	AM PM	Out	AM PM	Out	AM PM	Out	AM PM	Out	AM PM	Out	AM PM	Out	AM PM		
Homemaking		In	AM	Im	AM		AM		AM		AM		AM		AM		
time in			PM AM	In	PM AM		PM AM	In	PM AM	in	PM AM	ın	PM AM	in	PM AM		
Circle AM/PM		Out	PM	Out	PM	Out	PM	Out	PM	Out	PM	Out	PM	Ouτ	PM		
Respite	time	In	AM PM	In	AM PM	In	AM PM	In	AM PM	In	AM PM	In	AM PM	In	AM PM		
in AM/PM	Circle	υυτ	AM		AM		MA		AM	•••••	AM		MA		AM		
		Out	PM	Out	PM	Out	PM	Out	PM	Out	PM	Out	PM	Out	PM		
Total Daily	Time																
Acknowledgement and Required Signatures						TOTAL	WEEK 1				TOTA	L Bot	h Sides				
Check Box	if incider	t has	been re	ported													
After the PC	A has do	rument	ed his/h	er time	and ac	tivity t	he recir	ient m	ust draw	ı a lin	e through	any	dates an	d time			
he/she did r	not receive	servic	es from	the PC	A Rev	view the	e comple	eted tir	me shee	t for	e unougi	hofor	oales alli e signing	It is	2		
federal crim	e to provid	le false	inform	ation or	PCA	illings	for Med	ical As	eietance	י וטו	ment Vo	ur sia	e signing	. ILIS	tho		
time and se	rvices ente	ered ab	ove are	accura	te and	that the	e servic	es wer	e nerfor	med	as specifi	ed in	the PCA	Care	Dlan		
					ite and	triat tric	C 3CI VIC	C3 WCI					IIIE F CA	Care	riali.		
RECIPIENT/RI X	ESPONSIBL	E PART	Y SIGNAT	TURE	<u>Date</u>	Date of b	oirth or M	A#	Employ	ee Pi	ovider ID	#					
Employee sig	nature				Date		T				OFFICE U	SE ON	LY	-			
X Date									P A I D								
Total All	Time She	ete	I						-	CK#		DATE					
. otal All		.013	,	*Time ca	rd is not	to he II	sed for			OIX #							
			ı	shared c		u	_04 101										
			PLEAS	E FAX	CORR	ECTIO	NS TO	218-28	31-9929				-		7		

Fax # 218 281-3015 Ph # 888 481-3506

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Current Employee telephone number

Employee Name print First, M.I., Last:					Last 4 S	Last 4 Social Security#				Recipient's Name print First, M.I., Last:						
Dates clien	t was incar	cerated	d, hosp	italized	or insiti	utionalize	d									
WEEK 2										thru		Pile				
		SUN MON		ON	TUE V			VED	THU		F	RI	S	AT		
	Date	MM/DI	DAY			MM/DD/Y	Y	ММ	/DD/YY	MM/DD/YY		MM/	DD/YY	MM/D	DMY	
Activities													1011			
Dressing																
Grooming	4 4 2						100		11.5500							
Bathing																
Eating																
Transfers																
Mobility																
Positioning																
Toileting																
Lighthouskeep	ping															
Health Relate	d															
Behavior																
Respite																
Other																
*Client Initial	Daily*	x		X		X		X		X		X		X		
Visit 1st PCA		In	AM PM	In	AM PM	In	AM PM	In	AM PM	In	AM PM	In	AM PM	In	AM PM	
time in			MA		AM		AM		AM		AM		AM		AM	
Circle AM/PM		Out	PM	Out	PM	Out	PM	Out	PM AM	Out	PM AM	Out	PM AM	Out	PM AM	
Visit 2nd PC/	A	In	AM PM	In	AM PM	In	AM PM	In	PM	In	PM	In	PM	In	PM	
time in Circle AM/PM		υυτ	AM	Out	AM	Out	AM	Out	AM	Out	AM PM	Out	AM PM	Out	AM PM	
	in/out	Out	PM AM	Out	PM AM		PM AM	Out	PM AM	out	AM		AM	-	AM	
Circle AM/PM	iii/out	In	PM	In	PM	In	PM	In		In	PM	in	PM	In	PM	
		Out	AM PM	Out	AM PM	Out	AM PM	Out	AM PM	Out	AM PM	Out	AM PM	Out	AM PM	
time	in/out	-	AM		AM		AM	3	AM		AM		AM		AM	
Circle AM/PM		In	PM	In	PM	In		In	PM AM	ln	PM AM	lin 	PM AM	In	PM AM	
		Out	AM PM	Out	AM PM	Out	AM PM	Out		Out		Out	100	Out	PM	
Homemaking	1		AM		MA		AM		AM		AM		AM		AM	
time in		In	PM AM	In	PM AM	In	PM AM	In	PM AM	In	PM	in	PM AM	In	PM AM	
Circle AM/PM		Out	PM	Out	PM	Out	PM	Out	PM	Out	PM	Out		Out	PM	
Respite	time		AM	In	AM	In	AM PM	In	AM PM	In	AM PM	In	AM PM	In	AM PM	
in	Circle	In	PM AM		PM AM		AM		AM		AM		MA		AM	
AM/PM		Out	PM	Out	PM	Out	PM	Out	PM	Out	PM	Out	PM	Out	PM	
Total Daily	Time															
Acknowledgement and Required Signatures						TOTAL WI	EEK 2			TO	ATC	L Both	Sides			
Check Box	c if incider	nt has b	een re	ported	1											
After the Ponts of the After the Ponts of the After the	not receive	e service de false	es from inform	the Po	CA. Re	view the o	compl r Med	eted ti	ime shee ssistanc	et for accu e payment	racy . Yo	before our sign	e signing nature v	). It is a erifies t	a he	
RECIPIENT/F	RESPONSIBL	E PARTY	Y SIGNA	TURE	Date	Date of bir	th or M	A#	Employ	yee Provid	er II	)#		September 1964		
X																
Employee signature Date					Date						OFFICE USE ONLY					
x					PAID											
Total All Time Sheets						CK# DATE										
*Time card is n shared care						t to be use	ed for									
PLEASE FAX CORRECTIONS TO 218-28																