Independence Plus, Inc. Time Card

Employee Current Phone Number

HOMEMAKING ONLY

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

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.

Recipient's Name print First, M.I., Last: Last 4 Social Security # Employee Name print First, M.I., Last: Dates client was incarenated, hospitalized or insitutionalized thru WEEK 1 Pay Period WED THU FRI SAT TUE SUN MON MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY Date MM/DD/YY MM/DD/YY Activities Clean stove/Oven wash & dry puy dishes away clear counters/table & wash Clean microwave Mop Kitchen floor Clean refigerator Stack all papers on tables sweep and vacumm floors Dust all furniture Clear bathroom facilities Wash all mirrors Put clean sheets on Make bed Do laundry fold/hang Put away laundry Make a list of supplies Other Client Initial Daily AM AM AM AM AM AM AM Homemaking PM In time in AM AM AM AM AM AM AM PM Out PM Out PM Out Circle AM/PM PM Out PM Out PM Out Out PM **Total Daily Time** Check Box if incident has been reported Acknowledgement and Required Signatures **TOTAL Both Sides** TOTAL WEEK 1 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/RESPONSIBLE PARTY SIGNATURE Date Date of birth or MA# Employee Provider ID # OFFICE USE ONLY Employee signature Date PAID *Time card is not to be used for CK# DATE **Total All Time Sheets** please fax correction to 1218-281-9929

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Employee Na	ame print Firs	st, M.I., Last:		Last 4 Se	ocial Security #	Recipien	t's Name print Fir	st, M.I., Last:		
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clear counters/							- 0- 11-10-1-10-10-10-10-10-10-10-10-10-10-10			
Clean microw										
Sweep/Mop						3.5				
Clean refiger	ator									12.00
Stack all pap	ers on tables	1								1.5
sweep and va	acumm floors									
Dust all furnit	ture	*								
Wash inside	of windows									
Clear bathroo	om facilities									4 5 5 5
Sweep/Mop ba	throom floors									
Wash all mirr	rors								rêna e	
Put clean she	eets on									
Make bed										
Do laundry fo	old/hang									
Put away laundry										
Make a list o	f supplies									
Other	A diameter									
Client Initial	Daily	X. Tall Car	W. H.S.	x	X	x	X	x	x	
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the second second second	RESPONSIBI	LE PARTY SI	GNA.	TURE <u>Date</u>	Date of birth or M	A# Emplo	yee Provider II) #		
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Employee signature			<u>Date</u>]	OFFICE USE ONLY				
X				(2) 100 to 3 a 10 a		PAID				
Total All Time Sheets			*Time card is not to be used for shared care please fax correction to 1218-281-9929			-9929	CK#	DATE		