Independence Plus, Inc. Time Card

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.

Current Employee telephone number

Employee Name print First, M.I., Last:	Last 4 Social Security #	Recipient's Name print First, M.I., Last:

Dates client was incarcerated, hospitalized or insitutionalized

WEEK 1 Pay Period **thru**

Activities / Date	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 MM/DD/YY
Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Lighthouskeeping							
Health Related							
Behavior							
Respite							
Other							
Client Initial Daily	x	x	x	x	x	x	x
Visit 1st PCA time in Circle AM/PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM
	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM
Visit 2nd PCA time in Circle AM/PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM 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 Circle AM/PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM 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 Circle AM/PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM
	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM
Homemaking time in Circle AM/PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM
	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM
Respite time in Circle AM/PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM
	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM
Total Daily Time							

Acknowledgement and Required Signatures **TOTAL WEEK 1** **TOTAL Both Sides**

Check Box if incident has been reported

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 #
x		

Employee signature **Date**	OFFICE USE ONLY
x	P A I D
Total All Time Sheets	CK # / DATE

***Time card is not to be used for shared care**

PLEASE FAX CORRECTIONS TO 218-281-9929

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WEEK 2 Pay Period **thru**

Activities / Date	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 MM/DD/YY
Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Lighthouskeeping							
Health Related							
Behavior							
Respite							
Other							
Client Initial Daily	x	x	x	x	x	x	x
Visit 1st PCA time in Circle AM/PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM
	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM
Visit 2nd PCA time in Circle AM/PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM 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 Circle AM/PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM 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 Circle AM/PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM
	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM
Homemaking time in Circle AM/PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM
	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM
Respite time in Circle AM/PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM	In AM PM
	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM	Out AM PM
Total Daily Time							

Acknowledgement and Required Signatures | **TOTAL WEEK 2** | | **TOTAL Both Sides** |

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Employee signature **Date**	OFFICE USE ONLY
x	P A I D
Total All Time Sheets	CK # / DATE

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