

HOMEMAKER Time and Activity Documentation

HOMEMAKER Agency Name: Peaceful Care LLC	Phone Number: 612-701-6094
Dates/Location of Recipient Stay in HOMEMAKER Care:	
Individual HOMEMAKER Provider Name:	Recipient/Client Name:

Dates of Service
(in consecutive order)

MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
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Activities

Dressing							
Grooming							
Eating							
Standby Assistance							
Laundry							
Light Housekeeping							
Toileting							
Bathing							
Med Reminders							
ADL's							
Treatment and Exercise Reminders							
Shopping							
Meal Preparations							
Companion Services							

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	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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

Total Minutes Per Day	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes
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**Total Minutes
This Time Sheet**

Total 1:1 1:1 1:2 1:3
Minutes

Acknowledgment and Required Signatures

After the HOMEMAKER 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 HOMEMAKER. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on HOMEMAKER 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 HOMEMAKER Care Plan.

Recipient Name (First, MI, Last)	MA Member # or Date of Birth	Recipient Signature	Date
HOMEMAKER Name (First, MI, Last)	HOMEMAKER/UMPI Number	HOMEMAKER Signature	Date

Review HOMEMAKER Provider Time and Activity Documentation for additional policy information about timesheet requirements.

**ALL SIGNATURES, HOMEMAKER UMPI NUMBERS, AND MINUTES ARE
REQUIRED FOR TIMESHEET/S TO BE ACCEPTED AND PAID!**