Superior Home Care, Inc.
10597 165th Street W.
Lakeville, MN 55044

Phone: 952-898-4911
Fax: 952-898-3088

PCA Time and Activity Documentation *** COMPANION ***

CLIENT NAME (First,MI,Last)	MA# or BIRTHDAY	PCA NAME (First,MI,Last)	PCA PROVIDER #

ADDRESS OF THE LOCATION WHERE SERVICES WERE PROVIDED (DO NOT USE POST OFFICE BOX NUMBERS)	PHONE NUMBER OF NEXT WEEKS SERVICE LOCATION
DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION RECIPIENT	( ) -
CAREGIVER	( ) -

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

Visit One

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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
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
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
Daily Totals →							

Total 1:1	Total 1:2	Total 1:3	**Hours worked for other agency**
Weekly Total →			

Activities **If NO hours worked for another agency, mark the circle →** ◯

Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Health Related							
Behavior							

IADL's (only recipients age 18+)

Light Housekeeping							
Laundry							
Other							

Acknowledgement and Required Signatures

After the caregiver 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 caregiver. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on billings for Medical Assistance payments. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the Care Plan.

RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE	CAREGIVER SIGNATURE	DATE

Timesheets must be submitted by email, fax, mail or in person within thirty (30) days after the first original date of service to which the timesheet relates. Timesheets received after 30 days will be held for confirmation of payment to SHC before paycheck is issued.