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|-----------|
| SVC Code: |
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Dates/Location of recipient stay in hospital/care facility/incarceration:

ALL TIME SHEETS MUST BE IN THE OFFICE BY 12:00 PM EVERY MONDAY

| Date of Service <small>(in consecutive order)</small> | M | MM/DD/YY | T | MM/DD/YY | W | MM/DD/YY | T | MM/DD/YY | F | MM/DD/YY | S | MM/DD/YY | S | MM/DD/YY |
|--|----|----------|----|----------|----|----------|----|----------|----|----------|----|----------|----|----------|
| | ON | | UE | | ED | | HU | | RI | | AT | | UN | |
| Activities <small>(Assisting or Supervising recipient)</small> | | | | | | | | | | | | | | |
| Supervision | | 1410 | | | | | | | | | | | | |
| Health-related | | 1411 | | | | | | | | | | | | |
| Personal Safety | | 1412 | | | | | | | | | | | | |
| Light Housekeeping | | 1700 | | | | | | | | | | | | |
| Meal Plan | | 1311 | | | | | | | | | | | | |
| Shopping | | 1312 | | | | | | | | | | | | |
| Home Making | | 1313 | | | | | | | | | | | | |
| Laundry | | 1314 | | | | | | | | | | | | |
| Communication | | 1330 | | | | | | | | | | | | |
| Socialization | | 1340 | | | | | | | | | | | | |
| Behavior | | 1360 | | | | | | | | | | | | |
| Community Living | | 1370 | | | | | | | | | | | | |
| Other: | | 1380 | | | | | | | | | | | | |

| Visit One | | | | | | | | | | |
|---|--|----|--|----|--|----|--|----|--|----|
| Time in <small>(Circle AM/PM)</small> | | AM | | AM | | AM | | AM | | AM |
| | | PM | | PM | | PM | | PM | | PM |
| Time out <small>(Circle AM/PM)</small> | | AM | | AM | | AM | | AM | | AM |
| | | PM | | PM | | PM | | PM | | PM |

| Visit Two | | | | | | | | | | |
|---|--|----|--|----|--|----|--|----|--|----|
| Time in <small>(Circle AM/PM)</small> | | AM | | AM | | AM | | AM | | AM |
| | | PM | | PM | | PM | | PM | | PM |
| Time out <small>(Circle AM/PM)</small> | | AM | | AM | | AM | | AM | | AM |
| | | PM | | PM | | PM | | PM | | PM |

| | | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|--|
| Total Miles | | | | | | | | | | |
| Daily Total (Hours) | | | | | | | | | | |
| Total Hours on This Time Sheet | | | | | | | | | | |

| Acknowledgement and Required Signature | | | |
|--|---------------------------|---------------------------------------|------|
| <p>After the COM 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 COM Caregiver. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on COM Caregiver 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 COM Caregiver Care Plan.</p> | | | |
| PRINT RECIPIENT NAME (First, MI, Last) | MA MEMBER # OR BIRTH DATE | RECIPIENT/RESPONSIBLE PARTY SIGNATURE | DATE |
| <p>I certify and swear under penalty of law that I have accurately reported on this time sheet the hours I actually worked, the services I provided, and the dates and times I worked. I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings.</p> | | | |
| PRINT COM CAREGIVER NAME (First, MI, Last) | COM CAREGIVER SIGNATURE | DATE | |

MINNESOTA

