



SVC Code:

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 (in consecutive order)	M O N	MM/DD/YY	T U E	MM/DD/YY	W E D	MM/DD/YY	T H U	MM/DD/YY	F R I	MM/DD/YY	S A T	MM/DD/YY	S U N	MM/DD/YY
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Activities

Light House Cleaning	1712	Vacuum												
	1713	Sweep Floor												
	1713	Mop												
	1740	Clean Kitchen												
	1746	Dishes												
	1720	Clean Bathroom												
	1732	Make/Change Bed												
	1734	Commode (Empty Bedside)												
	1747	Trash Removal												
	1711	Dust Furniture												
1750	Other													

Home Management	1120	Laundry												
	1210	Meal Preparation												
	1130	Shopping / Errands												
	1110	Clothing and Supplies												
	1150	Simple Household Repairs												
	1160	Arrange Transportation												
	1170	Other												

Personal Cares	0010	Bathing												
	0020	Toileting												
	0100	Grooming												
	1230	Eating												
	1550	Ambulating												
	0180	Other												

Time in (Circle AM/PM)	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM
Time out (Circle AM/PM)	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM

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

Total Hours This Time Sheet:

Acknowledgement and Required Signature

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.

PRINT RECIPIENT NAME (First, MI, Last)	MA MEMBER # OR BIRTH DATE	RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE
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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 worked. I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings.

PRINT HOMEMAKER NAME (First, MI, Last)	HOMEMAKER SIGNATURE	DATE
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MINNESOTA 5130