



Timesheet Criteria and Training

Names and Signatures

- Must write PCA and Recipient's name on Top
- Must fill in Client's Date of Birth or PMI#, R#, and PCA UMPI# on all timesheets
- Timesheet must be signed by PCA
- Timesheet must be signed by the Recipient, UNLESS the recipient has a Responsible Party, timesheet must ONLY be signed by the Responsible Party (not the recipient)
- Signature must be dated on the same day as the last day of worked on the timesheet
- Signature must be dated after all hours are worked, CANNOT be signed before timesheet is completed

Dates and Times

- No overlapping PCA hours with your other jobs or school
- No overlapping PCA hours with other PCAs with the same client
- All timesheets must be completely filled in (signed) before turning in
- All dates must be written Month/Day/Year
- Must indicate AM or PM by circling
- Recipient must draw a line through the days where no service was provided
- Must not clock in before 6:00am and after 10:30pm unless approved by RHC agency after verifying with recipient (or have medical reason with proof documents stating so).
 - Not Acceptable Examples: 4:00am – 6:00am or 10:30pm – 1:00am

Activities

- Only initial what's on client's care plan and when you perform the task
- Do not draw a line or slash through ADLS, use only initials
 - You CANNOT get paid for doing care services that are not on the care plan.
 - Shall you initial on task that are not on the care plan, you must note down and explain why

Correcting

- DO NOT use Wite-Out
- Use Black Pen only
- NEW timesheet must be filled out if there are MULTIPLE mistakes

Flexible Use Option

- Must follow patient's month to month PCA Hours Budgeting agreement
- Must have a medical reason to use Flexible Option *if different (more or less) from the original agreement.*
- Must inform PCA Supervisor for changes of patient condition and change of PCA hours.

By signing below I attest that I have completed timesheet training with an office staff or supervisor of Rainbow Home HealthCare, Inc.

PCA Print Name

Signature

Date

RHC Staff or Supervisor Name

Signature

Date