245D Service - Time and Activity Documentation | **1:1 CARE** | **LAST DAY DUE: 10/25/24 by 5PM** | **PAY DAY 11/1/24**

Rainbow Home Healthcare - 1358 7th St. E - St. Paul, MN 55106 | **PHONE NUMBER: (651) - 778 - 0562 | FAX: (651) - 778 - 9967**

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Recipient Name (First, MI, LAST)	PMI# or DOB	R#	PCA NAME (FIRST, MI, LAST)	PCA UMPI

DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION

Activities	WEEK 1						
DATE OF SERVICES	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	10/07/24	10/08/24	10/09/24	10/10/24	10/11/24	10/12/24	10/13/24
1. 24-Hour Emergency Assistance							
2. Adult Companion							
3. Homemaker							
4. Night Supervision							
5. Individual / Home Support							
6. Respite Care							
7. ADL's							
8. IADL's							
8.1. Light Housekeeping							
8.2. Laundry							
Visit One							
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							
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 Total							

WEEK 1	1:1 Total Hours	

Activities	WEEK 2						
DATE OF SERVICES	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	10/14/24	10/15/24	10/16/24	10/17/24	10/18/24	10/19/24	10/20/24
1. 24-Hour Emergency Assistance							
2. Adult Companion							
3. Homemaker							
4. Night Supervision							
5. Individual / Home Support							
6. Respite Care							
7. ADL's							
8. IADL's							
8.1. Light Housekeeping							
8.2. Laundry							
Visit One							
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							
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 Total							

WEEK 2	1:1 Total Hours	

Acknowledgement and Required Signatures: After the PCA 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 PCA. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA 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 PCA Care Plan.

RECEPIENT/RESPONSIBLE PARTY SIGNATURE	DATE	RECEPIENT/RESPONSIBLE PARTY SIGNATURE	DATE
PCA SIGNATURE	**DATE**	**PCA SIGNATURE**	**DATE**

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.