245D Service - Time and Activity Documentation							1:1	CARE		LAST DA	AY DUE:	3/15/24	by 5PM	PAY DAY	3/22/24	
Rainbow Home Healthcare - 1358 7th St. E - St. Paul, MN						55106	PHONE	HONE NUMBER: (651) - 778 - 0562 FAX: (651) - 778 - 9967								
Recipient Name (First, MI, LAST) PMI# or DOB						R#	PCA NAME (FIRST, MI, LAST) PCA UMPI						7			
DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION																
Activities				WEEK 1				Activities				WEEK 2				
DATE OF SERVICES	Mon 02/26/24	Tue 02/27/24	Wed 02/28/24	Thu 02/29/24	Fri 03/01/24	Sat 03/02/24	Sun 03/03/24	DATE OF SERVICES	Mon 03/04/24	Tue 03/05/24	Wed 03/06/24	Thu 03/07/24	Fri 03/08/24	Sat 03/09/24	Sun 03/10/24	
1. 24-Hour Emergency Assistance	02/20/24	02/27/24	02/20/24	02/2)/24	05/01/24	03/02/24	05/05/24	1. 24-Hour Emergency Assistance	00/04/24	05/03/24	03/00/24	03/07/24	03/00/24	03/07/24	03/10/24	
2. Adult Companion								2. Adult Companion								
3. Homemaker								3. Homemaker								
4. Night Supervision 5. Individual / Home								4. Night Supervision 5. Individual / Home								
Support								Support								
6. Respite Care								6. Respite Care								
7. ADL's								7. ADL's								
8. IADL's								8. IADL's								
8.1. Light Housekeeping								8.1. Light Housekeeping								
8.2. Laundry								8.2. Laundry								
Visit One								Visit One								
Time In (Circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		Time In	AM PM	AM PM	AM PM	AM PM		AM PM	AM PM	
Time Out (Circle AM/PM)	АМ	AM	AM	AM	AM	AM	AM	(Circle AM/PM)	AM	AM	AM	АМ	AM	AM	AM	
	РМ	PM	PM	PM	PM	PM	PM		PM	PM	PM	PM	PM	PM	PM	
Visit Two								Visit Two								
Time In (Circle AM/PM)	AM	AM	AM	AM	AM	AM		Time In	AM	AM	AM	AM		AM	AM	
	PM AM	PM AM	PM AM	PM AM	PM AM	PM AM		n (PM AM	PM AM	PM AM	PM AM		PM AM	PM AM	
Time Out (Circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	АМ		Time Out (Circle AM/PM)	AM PM	AM PM	AM PM	AM PM		AM PM	AM PM	
Daily Total	PM	PM	PN	PM	PN	PM	PM	Daily Total	PM	PM	PN	PM	PN	PM	PM	
WEE	CK 1	1:1 Total Hours						WEF	CK 2	1:1 Tota	l 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.