

**TIMECARDS ARE DUE 72 HOURS (3 DAYS) FROM YOUR LAST SHIFT**

| <b>PCA BI-MONTHLY TIMESHEET</b>              |                                 |                 | <b>1:1, 1:2, 1:3</b>  |   |   | <i>My Brothers' Keeper</i><br>136 S. Holmes St.<br>Shakopee, MN 55379 |   |   |   |   | E-mail: <a href="mailto:timecards@136mbk.com">timecards@136mbk.com</a><br>FAX: 952-496-0183 |    |    |    |    |    |    |
|--|---------------------------------|-----------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
| <b>DATE</b>                                  |                                 |                 | 1   | 2 | 3 | 4   | 5 | 6 | 7 | 8 | 9   | 10 | 11 | 12 | 13 | 14 | 15 |
| <b>DAY OF THE WEEK</b>                       |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>BEGIN DATE</b>                            | <b>END DATE</b>                 | <b>TIME IN</b>  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
|  |                                 | <b>TIME OUT</b> |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| Please signify<br>A.M or P.M.                | when writing<br>in / out times. | <b>TIME IN</b>  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
|  |                                 | <b>TIME OUT</b> |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
|  |                                 | <b>TIME IN</b>  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
|  |                                 | <b>TIME OUT</b> |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>DRESSING</b>                              |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>GROOMING &amp; BATHING</b>                |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>EATING</b>                                |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>TRANSFERS</b>                             |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>MOBILITY &amp; POSITIONING</b>            |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>TOILETING</b>                             |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>LIGHT HOUSEKEEPING</b>                    |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>LAUNDRY</b>                               |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>HEALTH RELATED</b>                        |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>BEHAVIOR</b>                              |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>OTHER</b>                                 |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>TOTAL 1:1 HOURS</b>                       |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>TOTAL 1:2 HOURS</b>                       |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>TOTAL 1:3 HOURS</b>                       |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>TOTAL HOURS</b>                           |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>PRINT PCA NAME (FIRST, MI, LAST)</b>      |                                 |                 | <b>FOR OFFICE USE ONLY:</b>   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>PCA PROVIDER #</b>                        |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>PCA SIGNATURE</b>                         |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>PRINT RECIPIENT NAME</b>                  |                                 |                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>RECIPIENT/RESPONSIBLE PARTY SIGNATURE</b> |                                 |                 | After the PCA has documented his/her time and activity, the recipient must draw a line through any dates and time he/she did not receive services from the PCA. Review the completed timesheet 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 the services are performed as specified in the PCA Care Plan. |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| <b>RECIPIENT DATE OF BIRTH</b>               |                                 |                 | <b>(Hours in excess of 40 hours in a week (Sunday through Saturday) must be authorized by My Brothers' Keeper in advance)</b>   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |

