



Accra Care Inc.  
 1011 1st Street S #315, Hopkins MN 55343  
 Phone: 952-935-3515 Fax: 952-935-7112  
 Email Timesheet: [mytime@accracare.org](mailto:mytime@accracare.org)

Complete only if consumer was hospitalized:

Admit	Date	Time	Discharge	Date	Time
	1/8/2018	8:30AM		1/9/2018	2:30PM

No hours can be claimed if Consumer is in the hospital, nursing home, incarcerated or out of home placement

Consumer: John Doe DOB: 1/5/1961 MA# 01234567 Pay Period End Date: 1/20/2018

(Please Print) 012345

**WEEK ONE**

Wk One	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	1:1 Hours	Shared Care			Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Cleaning	Laundry	Health Related	Behavior	Cooking
					1:2	1:3	Location													
Sun	1/7/2018	7:15AM	12PM	4.75				JS	JS		JS		JS	JS	JS		JS		JS	JS
Mon	1/8/2018	Hospital																		
Tue	1/9/2018	Hospital																		
Wed	1/10/2018	8:30AM	4PM	7.5				JS	JS		JS		JS	JS	JS		JS		JS	JS
Thur	1/11/2018	9AM-1PM	3:45PM-5PM	5.25				JS	JS	JS	JS			JS	JS	JS	JS			
Fri	1/12/2018																			
Sat	1/13/2018	11PM	12AM	1				JS	JS		JS		JS	JS	JS		JS		JS	JS
				***Maximum Hours per week*** 40 hours under PCA for all consumers combined	<b>Total</b>															
					18.5			Initial Cares Provided												

**WEEK TWO**

Wk Two	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	1:1 Hours	Shared Care			Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Cleaning	Laundry	Health Related	Behavior	Cooking
					1:2	1:3	Location													
Sun	1/14/2018	12AM-7AM	6PM-12AM	13				JS	JS		JS		JS	JS	JS		JS		JS	JS
Mon	1/15/2018	12AM-7AM	1:15AM	1.25				JS	JS		JS		JS	JS	JS		JS		JS	
Tue	1/16/2018	2PM	9:30PM	7.5				JS	JS		JS		JS	JS	JS		JS		JS	JS
Wed	1/17/2018	5PM	9:45PM	4.75				JS	JS	JS	JS			JS	JS	JS	JS			
Thur	1/18/2018																			
Fri	1/19/2018																			
Sat	1/20/2018	11PM	12AM	1				JS	JS	JS	JS		JS	JS	JS	JS	JS		JS	
				***Maximum Hours per week*** 40 hours under PCA for all consumers combined	<b>Total</b>															
					27.5			Initial Cares Provided												

**\*\*Your signature verifies the recorded hours and cares checked are true and accurate and that the services were performed as specified in the PCA Care Plan. It is a Federal Crime to provide false information for Medical Assistance payment.**

Jane Smith 1/20/2018 Jane Smith 100000 John Doe 1/20/2018  
 Employee Signature Date Employee Name (Printed) Emp ID (on PayStub) Responsible Party Signature Date

Employee Phone #: \_\_\_\_\_ Consumer or Responsible Party Phone #: \_\_\_\_\_

\*\*\* Timesheets are due in the office by noon Tuesday following the end of the pay period.  
 \*\*\* Employees are only paid for time they are physically present and working with the consumer.