



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

Complete only if Participant was hospitalized:

Admit	Date	Time	Discharge	Date	Time
	1/10/2018	11:30 AM		1/12/2018	2:00 PM

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

HOMEMAKER BASIC

Participant: John Smith DOB: 3/5/1960 MA#: 01234567 Pay Period End Date: 1/20/2018
 (Please Print)

TIMESHEET

Week One	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	Total
Sunday	1/7/2018			
Monday	1/8/2018	1PM	3:15PM	2.25
Tuesday	1/9/2018			
Wednesday	1/10/2018	8AM	11:30AM	3.5
Thursday	1/11/2018	Hospital		
Friday	1/12/2018	Hospital		
Saturday	1/13/2018	1PM	3:45PM	2.75
Total				8.5

Week Two	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	Total
Sunday	1/14/2018	11:45AM	2PM	2.25
Monday	1/15/2018	11:30AM	2PM	2.5
Tuesday	1/16/2018			
Wednesday	1/17/2018	8:15AM	10AM	2.75
Thursday	1/18/2018			
Friday	1/19/2018	2PM	3PM	1
Saturday	1/20/2018	2PM	3:30PM	1.5
Total				10

40 hours maximum per week, all participants combined.

Please INITIAL cares given

General Cleaning
Kitchen
Living Room
Bathroom
Laundry

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
				JS			JS
		JS					JS
		JS					
		JS					JS
							JS

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
		JS		JS			
	JS					JS	
		JS					JS
	JS	JS				JS	
				JS			JS

****By signing this timesheet I am verifying the above recorded hours are true and accurate. It is a Federal Crime to provide false information for Medical Assistance payment.**

Jane Smith 1/20/2018
 Employee Signature Date

Jane Smith 100000
 Employee Name (Printed) EmpID(on Pay Stub)
 Homemaker

John Smith 1/20/2018
 Participant or Responsible Party Signature Date

*** Timesheets are due in the office by noon the Tuesday following the end of the pay period.