

612-379-0800 fax:

651-454-0031 fax:

Affordable Angels Homemaker Timesheet and Charting

Please fill in each date and time worked with client

Date/Day	MON / /	TUE / /	WED / /	THUR / /	FRI / /	SAT / /	SUN / /
Time In (Visit 1)	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Time Out	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Hours/Min							

TOTAL HRS _____

Please initial each activity provided for the client

Activity	MON	TUE	WED	THUR	FRI	SAT	SUN
Floors							
Dust							
Make Beds							
Laundry							
Wash dishes/Sink							
Counters							
Refrigerator							
Oven/Stove							
Garbage							
Meals							
Social							
Behavior							
Other							

Acknowledgement and Required Signatures

After the Homemaker has documented his/her time and activity, the client must draw a line through any dates and times he/she did not receive services from the Homemaker. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on Homemaker 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 Homemaker Care Plan.

Client Name: _____

Homemaker Name _____

MA Member# or Birth Date: _____

UMPI #/ Empl. # _____

Client Signature: _____

Homemaker Signature: _____

Date

Date