



# Allegiance Ability Assistance LLC

1047 University Ave W, Suite 101

Saint Paul, MN 55104

Phone (651) 647-0505 – (651) 647-0606

(651) 647-0808

Fax (651) 647-0909

## HOMEMAKING

PERIOD COVERED: \_\_\_ / \_\_\_ / 20\_\_\_ TO \_\_\_ / \_\_\_ / 20\_\_\_

CLIENT NAME: \_\_\_\_\_

PCA NAME: \_\_\_\_\_

First and Last Name

First and Last Name

DAY	DATE MM/DD/YY	Time In Circle AM/PM	Time out Circle AM/PM	Total Daily Hours	Grocery Shopping	Food Preparing	Bed Making	Vacuuming	Dusting	Floor Cleaning	Washing Dishes	Cleaning Sinks	Vacuuming	Cleaning Toilet	Cleaning Stove	Cleaning Refrigerator	Empty Trash
Saturday		AM pm	AM pm														
Sunday		AM pm	AM pm														
Monday		AM pm	AM pm														
Tuesday		AM pm	AM pm														
Wednesday		AM pm	AM pm														
Thursday		AM pm	AM pm														
Friday		AM pm	AM pm														
Saturday		AM pm	AM pm														
Sunday		AM pm	AM pm														
Monday		AM pm	AM pm														
Tuesday		AM pm	AM pm														
Wednesday		AM pm	AM pm														
Thursday		AM pm	AM pm														
Friday		AM pm	AM pm														

**Total Hours**

I verify the accuracy of the information reported on this document and understand that submission of false documentation is cause for termination and possible criminal penalties

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.

**Client hospital Admitted:**

Date \_\_\_/\_\_\_/20 Time \_\_\_:\_\_\_ AM or PM

**Client hospital Discharge:**

Date \_\_\_/\_\_\_/20 Time \_\_\_:\_\_\_ AM or PM

**Recipient MA member # OR Birth Date:**

**PCA Provider Number:**

**Recipient / Responsible Party Signature**

**Date**

**PCA Signature**

**Date**

Please make a copy of your time sheet to keep track of your hours the PCA can only work 275 a month

# PAYROLL SCHEDULE 2018

<u>Pay Period</u>	<u>Time Sheet Due</u>	<u>Pay Day</u>
6-Jan - 19-Jan	24-Jan	2-Feb
20-Jan - 2-Feb	7-Feb	16-Feb
3-Feb - 16-Feb	21-Feb	2-Mar
17-Feb - 2-Mar	7-Mar	16-Mar
3-Mar - 16-Mar	21-Mar	30-Mar
17-Mar - 30-Mar	4-Apr	13-Apr
31-Mar - 13-Apr	18-Apr	27-Apr
14-Apr - 27-Apr	2-May	11-May
28-Apr - 11-May	16-May	25-May
12-May - 25-May	30-May	8-Jun
26-May - 8-Jun	13-Jun	22-Jun
9-Jun - 22-Jun	27-Jun	6-Jul
23-Jun - 6-Jul	11-Jul	20-Jul
7-Jul - 20-Jul	25-Jul	3-Aug
21-Jul - 3-Aug	8-Aug	17-Aug
4-Aug - 17-Aug	22-Aug	31-Aug
18-Aug - 31-Aug	5-Sep	14-Sep
1-Sep - 14-Sep	19-Sep	28-Sep
15-Sep - 28-Sep	3-Oct	12-Oct
29-Sep - 12-Oct	17-Oct	26-Oct
13-Oct - 26-Oct	31-Oct	9-Nov
27-Oct - 9-Nov	14-Nov	23-Nov
10-Nov - 23-Nov	28-Nov	7-Dec
24-Nov - 7-Dec	12-Dec	21-Dec
8-Dec - 21-Dec	26-Dec	4-Jan
22-Dec - 4-Jan	9-Jan	18-Jan
5-Jan - 18-Jan	23-Jan	1-Feb
19-Jan - 1-Feb	6-Feb	15-Feb
2-Feb - 15-Feb	20-Feb	29-Feb