Time Sheet

(PLEASE PRINT)

HOMEMAKER NAME:_____ **CLIENT NAME:**_____

MHCP (PCA) Provider #: _____ **D.O.B.:** _____

Pay Period: _____ **MHCP (MA) ID #:** _____

This timesheet is to be completed DAILY by each Homemaker. By signing below, the Homemaker and CLIENT verifies that all of the information that has been completed on this form is accurate and truthful. All time and duties listed MUST have been actually worked/performed with/for the client. Listing any time or duties that was not worked/performed with/for the client is considered FRAUD and may result in termination of employment/services Any FRAUD or suspected FRAUD will be reported to the Fraud Investigation Division of the Department of Human Services. This timesheet must be in the AccuKare Inc. office by 5:00pm on the Tuesday after the pay period ends. It is the responsibility of each individual to handle the sending/faxing of his or her time card.

Email to: timecards@accukare.com

Mail to: AccuKare Inc.
13750 Crosstown Dr. # 202
Andover, MN 55304
PH. (763) 362-3971

OR

Fax to: (763) 862-2135
(If you fax your time card, call and verify it has been received)

Date	Time In	Time Out	Daily Total Time	Cleaning (Home)	Cleaning (Equipment)	Errands	Shopping (Grocery)	Cooking	Laundry		
Total Time for Pay Period											

Notes: _____

_____

_____

****NOTICE: It is a federal crime to falsely bill for MA services****

****The client MUST draw a line through dates and times written down if services were not actually provided at those times****

HOMEMAKER SIGNATURE: _____ **CLIENT SIGNATURE**:_____

Date: _____ **Date:** _____

All above information is to be considered confidential and is to be treated in accordance with agency policy.