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

Complete only if consumer was hospitalized:

	Date	Time		Date	Time
Admit	1/14/15	11:00 am	Discharge	1/16/15	2:00 pm

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

BASIC HOMEMAKER

Consumer: Jonh Smith **DOB:** 03/05/1960 **MA#:** 555555555 **Pay Period End Date:** 1/24/2015
(Please Print)

TIMESHEET

Week One	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	Total
Sunday	1/11/15			
Monday	1/12/15	1:00 pm	3:00 pm	2
Tuesday	1/13/15			
Wednesday	1/14/15	8:00 am	11:00 am	3
Thursday	1/15/15	----------	----------	----------
Friday	1/16/15	----------	----------	----------
Saturday	1/17/15	8:00 am	3:00 pm	7
Total				12

Week Two	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	Total
Sunday	1/18/15	9:30 am	2:15 pm	6.75
Monday	1/19/15	9:30 am	2:15 pm	6.75
Tuesday	1/20/15			
Wednesday	1/21/15	8:45 am	2:00 pm	5.25
Thursday	1/22/15			
Friday	1/23/15	4:00 pm	8:00 pm	4
Saturday	1/24/15	5:15 pm	7:30 pm	2.25
Total				25

Please INITIAL cares given	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Vacuum		JOS				JOS	
Dust				JOS		JOS	
Wash windows (inside)				JOS		JOS	
Clean toilet		JOS				JOS	
Clean refrigerator		JOS				JOS	
Clean stove				JOS		JOS	
Change bedding						JOS	
Laundry						JOS	
Empty garbage							
Perform other light housekeeping duties				JOS			
Access community emergency services				JOS			
Report safety concerns							

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Vacuum		JOS				JOS	
Dust						JOS	
Wash windows (inside)		JOS		JOS			JOS
Clean toilet	JOS	JOS		JOS			JOS
Clean refrigerator		JOS				JOS	
Clean stove	JOS					JOS	
Change bedding		JOS					JOS
Laundry				JOS			JOS
Empty garbage	JOS			JOS			JOS
Perform other light housekeeping duties						JOS	
Access community emergency services							
Report safety concerns							

****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	1/24/15	Jane Smith	555555	Jimmy Smith	1/24/15
Employee Signature	**Date**	**Employee Name (Printed)**	**EmpID(on Pay Stub)**	**Consumer or Responsible Party Signature**	**Date**

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