

**HOMEMAKER TIME AND ACTIVITY DOCUMENTATION**

INDIVIDUAL HMKR PROVIDER NAME	RECIPIENT NAME
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**Dates Of Service** (in consecutive order)

MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
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**ACTIVITIES**

Meal Preparation							
Shopping/errands							
Routine Household care							
Assistance with ADL's							
Transportation Arrangement							
Companionship							
Emotional support							
Social Stimulation							
Monitoring the safety and well-being of the client							
Other							

**VISIT**

Time In (Circle AM/PM)	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Time Out (Circle AM/PM)	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM

**Daily Total** (Minutes)

MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES
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**Total in Minutes this time sheet**

Minutes
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**Acknowledgment and Required Signatures**

After the HMKR 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 HMKR. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on HMKR 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 county assessment.

RECIPIENT NAME (FIRST, MI, LAST)	MA MEMBER # or DATE OF BIRTH	RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE
PCA NAME (FIRST,MI, LAST)	PCA NPI/UMPI	PCA SIGNATURE	DATE