245D TIME & ACTIVITY DOCUMENTATION

AFFIRMED HOME HEALTHCARE, INC — Quality care is our passion.

CIRCLE THE SERVICE PROVIDED:

HM	ACC	PS	RES
ICLS	ILS	IHS	IHFS
SLS	SILS	24EA	NS

	WEEK 1							WEEK 2						
DAY:	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED
DATE:														
VISIT 1: IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
VISIT 1: OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
VISIT 1 TOTAL:														
VISIT 2: IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
VISIT 2: OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
VISIT 2 TOTAL:														
DAILY TOTAL:														

WEEK1 TOTAL: | **WEEK 2 TOTAL:** | **PAY PERIOD TOTAL:**

WEEK 1 ACTIVITIES/PROGRESS:	**WEEK 2 ACTIVITIES/PROGRESS:**

Activities list:
Tidy Bathroom
Vacuum
Make Bed
Dust
Sweep
Mop
Wash Dishes
Take Out Trash
Change Linens
Laundry
Housekeeping
Other(note activity)

Was the recipient in Hospital or other Care Facility during this pay period?   Y   N   Dates:

Facility Location:

Printed Client Name:	**Date of Birth:**	**Client/Responsible Party Signature:**	**Date:**

Time Sheet Rules: Time sheets are due every other Wednesday by 4:00pm, following the Company Payroll Calendar. Late time sheets may not be processed. Time sheets must be filled out each shift. You must indicate AM or PM. Time sheets with white out will not be accepted. Incomplete, incorrect, or illegible time sheets will not be accepted. **FAX TIME SHEETS TO 612-435-0218. YOU MUST CALL 612-337-6202 AFTER FAXING YOUR TIME SHEET TO CONFIRM IT WAS RECEIVED.**

Acknowledgement: I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings. It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan as authorized under Minnesota Statutes, sections 256B.0913, 256B.0915, 256B.092 and 256B.49. **By signing below I certify and swear under penalty of law that I have accurately reported on this time sheet: the hours I actually worked, the services provided, and the date/times worked.**

Printed Employee Name:		**Employee Signature:**	**Date:**