

Homemaker Time and Activity Documentation 2022

Maplewood Home Care 1736 Cope Ave. E. Suite 2 Maplewood, MN 55109

Phone: (952) 456-6561
Fax: (952) 777-1668

Dates/Location of recipient Stay in Hospital/ Care Facility/Incarceration

Date of Service (in consecutive order)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

Activities (your initials indicate you provided the services as described in the Homemaker Care Plan)

Vacuum, Sweep, Mop							
Dust							
Make Bed							
Clean Kitchen							
Clean Bathroom							
Take out Trash							
Laundry							
Ironing							
Defrost/Clean Refrigerator							
Wash Dishes							

Nutrition
Plan, Prepare Meal

Purchase Food

Miscellaneous

Ratio Staff to recipient

Share services location

Time in (circle AM/PM)	1:1		1:2		1:3		1:4		1:5	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time out (circle AM/PM)										
Daily Total (minutes)	Total 1:1		Total 1:2		Total 1:3		Total 1:4		Total 1:5	
Total Minutes this timesheet	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes

Acknowledgment and Required Signatures

After the Homemaker has documented his/her time and activity, the recipient must draw a line through any dates/times he/she did not receive services from the Homemaker. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on Homemaker 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 Homemaker Care Plan.

Recipient Name (First, MI, Last)	MA Member # or DOB	Recipient/ Responsible party Signature	Date

I Certify and swear under penalty of law that I have accurately reported on this time sheet the hours I actually worked, the services I provided, and the dates and times worked. I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings.

Homemaker Name (First, MI, Last)	NPI/AMPI	Homemaker Signature	Date

Homemaker Time and Activity Documentation 2022

Maplewood Home Care 1736 Cope Ave. E. Suite 2 Maplewood, MN 55109

Phone: (952) 456-6561
Fax: (952) 777-1668

Dates/Location of recipient Stay in Hospital/ Care Facility/Incarceration

Date of Service (in consecutive order)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

Activities (your initials indicate you provided the services as described in the Homemaker Care Plan)

Vacuum, Sweep, Mop							
Dust							
Make Bed							
Clean Kitchen							
Clean Bathroom							
Take out Trash							
Laundry							
Ironing							
Defrost/Clean Refrigerator							
Wash Dishes							

Nutrition
Plan, Prepare Meal

Purchase Food

Miscellaneous

Ratio Staff to recipient

Share services location

Time in (circle AM/PM)	1:1		1:2		1:3		1:4		1:5	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time out (circle AM/PM)										
Daily Total (minutes)	Total 1:1		Total 1:2		Total 1:3		Total 1:4		Total 1:5	
Total Minutes this timesheet	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes

Acknowledgment and Required Signatures

After the Homemaker has documented his/her time and activity, the recipient must draw a line through any dates/times he/she did not receive services from the Homemaker. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on Homemaker 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 Homemaker Care Plan.

Recipient Name (First, MI, Last)	MA Member # or DOB	Recipient/ Responsible party Signature	Date

I Certify and swear under penalty of law that I have accurately reported on this time sheet the hours I actually worked, the services I provided, and the dates and times worked. I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings.

Homemaker Name (First, MI, Last)	NPI/AMPI	Homemaker Signature	Date