Homemaker Name (First, MI, Last)	I Certify and swear under penalty if law that I have auccurately 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.	Recipient Name (First, MI, Last)	Acknowlegement 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.	this timesheet Minutes	Total Minutes	Daily Total (minutes)	Time out (circle AM/PM)	Time in (circle AM/PM)	Share services location	ecipient	Miscellaneous	Purchase Food	Plan, Prepare Meal	Nutrition	Wash Dishes	Defrost/Clean Refrigerator	Ironing	Laundry	Take out Trash	Clean Rathroom	Nake Bed	Dust	Vacuum, Sweep, Mop	Activities (your initials indicate you provided the services as described in the Homemaker Care Plan)	der)	St Date of Service MM/A	7	3	Maplewood Home Care 1736 Cope Ave. E. Suite 2 Maplewood, MN 55109	Ноп
	I have auccurate rting my hours i		atures or time and active sheet for accurities the time	tes	То	Minutes	PM M	AM M		1:11:21:3 1::														ndicate you		Sunday MM/DD/YYYY MM	res/rocation of	too (I postion of	1736 Cope <i>i</i>	ıemaker T
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Date	ed, and the dates	Date	ve services from aker billings for as specified in th		Total 1:3	Minutes	PM AM	AM PM	=	1:1 1:2 1:3				•										Plan)		Saturday MM/DD/YYYY		(952) ///- 1668	Phone: (952) 456 - 6561	
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Homemaker Name (First, M	I Certify and swear under penalty if la dates and times worked. I understand	Recipient Name (First, MI,		this timesheet	Total Minutes	Daily Total (minutes)	Time out (circle AM/PM)	(circle AM/PM)	Share services location	Ratio Staff to recipient	Miscellaneous	Purchase Food	Plan, Prepare Meal	Nutrition	Wash Dishes	Defrost/Clean Refrigerator	Ironing	Laundry	Take out Trash	Clean Rathroom	Clean Kitchen	Dust Pod	Vacuum, Sweep, Mop	Activities (your initia	(in consecutive order)	Date of Service			Maplewood Home	Н
Homemaker Name (First, MI, Last)	I Certify and swear under penalty if law that I have audates and times worked. I understand that misreportin	Recipient Name (First, MI, Last)		this timesheet Minutes	Total Minutes	Daily Total Minutes (minutes)	л/PM)		Share services location	Ratio Staff to recipient 1:1 1:2 1:3	Miscellaneous	Purchase Food	Plan, Prepare Meal	Nutrition		/Clean Refrig	Ironing	Laundry	Take out Trash	Clean Bathroom	Clean Kitchen	Dust	Vacuum, Sweep, Mop	Activities (your initials indicate y	(in consecutive order)		Dates/Locality	Date:	Maplewood Home Care 1736 Co	Homemake
	I Certify and swear under penalty if law that I have auccurately reported dates and times worked. I understand that misreporting my hours is fra	(First, MI, Last)			Total Minutes Total 1:1		A/PM) AM	PM	Share services location	1:1 1:2	Miscellaneous	Purchase Food	Plan, Prepare Meal	Nutrition		/Clean Refrig	Ironing	Laundry	Take out Trash	Clean Rathroom	Clean Kitchen	Dust	Vacuum, Sweep, Mop	Activities (your initials indicate you provided	(in consecutive order)	Sunday MM/DD/YYYY	unadna i io none on Jean	Dato / posting of posicions of	Maplewood Home Care 1736 Cope Ave. E. Su	Homemaker Time and
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NPI/UMPI	I Certify and swear under penalty if law that I have auccurately reported on this time sheet the hours I actually worked, the dates and times worked. I understand that misreporting my hours is fixed for which I could face criminal prosecution and	(First, MI, Last) MA Member # or DOB		Minutes	-	Minutes Minutes Minutes	A/PM) AM AM AM PM PM	AM AM AM PM PM PM	Share services location	1:1 1:2 1:3 1:1 1:2 1:3 1:1 1:2 1:3 1:1 1:2 1:3 1:1 1:2	Miscellaneous	Purchase Food	Plan, Prepare Meal	Nutrition		/Clean Refrig	Ironing	Laundry	Take out Trash	Clean Bathroom	Clean Kitchen	Dust	Vacuum, Sweep, Mop	Activities (your initials indicate you provided the services as described in the Hom	(in consecutive order)	Sunday Monday Tuesday Wednesday ΜιλΙΟΙΟΛΎΥΥΥ ΜΙΜΙΙΙΟΙΛΎΥΥΥ ΜΙΜΙΙΟΙΟΛΎΥΥΥ ΜΙΜΙΙΟΙΟΛΎΥΥΥ	иакеу/маши птемрен зау на пускаталу на гастку/пкатке анил	Dato / postion of recisions (fact in Housital / Core Facility / Incorporation	Maplewood Home Care 1736 Cope Ave. E. Suite 2 Maplewood, MN 55109	Homemaker Time and Activity Documentation 2022
	I Certify and swear under penalty if law that I have auccurately 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.	(First, MI, Last)	Acknowlegement and After the Homemaker has of from the Homemaker. Revo billings for Medical Assistat specified in the Homemaker	Minutes	Total 1:1	Minutes Minutes Minutes Minutes	//PM) AM AM AM PM PM PM	AM AM AM PM PM PM	Share services location	1:1 1:2 1:3 1:1 1:2 1:3 1:1 1:2 1:3 1:1 1:2 1:3 1:1	Miscellaneous	Purchase Food	Plan, Prepare Meal	Nutrition		/Clean Refrig	Ironing	Laundry	Take out Trash	Clean Rathroom	Clean Kitchen	Dust	Vacuum, Sweep, Mop	Activities (your initials indicate you provided the services as described in the Homemaker Care Plan)	[in consecutive order)	Sunday Monday Tuesday MMIDDAYYYY MMIDDAYYYY	vates/socation or resipient stay in rospitaly care racinty/incarcer attoir	Date of a constant facilities and the constant of the constant	Phone:	Homemaker Time and Activity Documentation 2022