



# DP Home Care Service

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Email: info@dpadhcs.com

Pay Period Start Date: \_\_\_\_\_

Pay Period End Date: \_\_\_\_\_

## TIMESHEET DOCUMENTATION FOR MANUAL ELECTRONIC VISIT VERIFICATION (EVV) ENTRIES/EDITS

☐ PA Health and Wellness CHC

☐ UPMC CHC

☐ Amerihealth Caritas CHC

☐ Private Pay

Agency Name	DP HOME CARE SERVICE	TIN:	Provider ID:
Direct Care Worker Name:		DCW last 4 digits of SSN	xxx-xx-
Participant Name		Participant Medicaid ID	

Date	Start Time AM/PM	End Time AM/PM	Start Time AM/PM	End Time AM/PM	Total Hrs	Only Select Services that are Provided Based on Participant Plans of Care
SUNDAY						<input type="checkbox"/> Meal Prep <input type="checkbox"/> House work/chore <input type="checkbox"/> Managing Finances <input type="checkbox"/> Managing Medication <input type="checkbox"/> Shopping <input type="checkbox"/> Transportation <input type="checkbox"/> Eating <input type="checkbox"/> Hygiene <input type="checkbox"/> Transfer <input type="checkbox"/> Toilet use <input type="checkbox"/> Bed Mobility <input type="checkbox"/> Bathing <input type="checkbox"/> lotion/Ointment <input type="checkbox"/> laundry <input type="checkbox"/> Supervision/Coaching/Cuei <input type="checkbox"/> Incontinence Care <input type="checkbox"/> Wound care <input type="checkbox"/> G-Tub Feeding <input type="checkbox"/> Stair <input type="checkbox"/> catheter care <input type="checkbox"/> Dressing <input type="checkbox"/> Range of Motion Exercise
MONDAY						<input type="checkbox"/> Meal Prep <input type="checkbox"/> House work/chore <input type="checkbox"/> Managing Finances <input type="checkbox"/> Managing Medication <input type="checkbox"/> Shopping <input type="checkbox"/> Transportation <input type="checkbox"/> Eating <input type="checkbox"/> Hygiene <input type="checkbox"/> Transfer <input type="checkbox"/> Toilet use <input type="checkbox"/> Bed Mobility <input type="checkbox"/> Bathing <input type="checkbox"/> lotion/Ointment <input type="checkbox"/> laundry <input type="checkbox"/> Supervision/Coaching/Cuei <input type="checkbox"/> Incontinence Care <input type="checkbox"/> Wound care <input type="checkbox"/> G-Tub Feeding <input type="checkbox"/> Stair <input type="checkbox"/> catheter care <input type="checkbox"/> Dressing <input type="checkbox"/> Range of Motion Exercise
TUESDAY						<input type="checkbox"/> Meal Prep <input type="checkbox"/> House work/chore <input type="checkbox"/> Managing Finances <input type="checkbox"/> Managing Medication <input type="checkbox"/> Shopping <input type="checkbox"/> Transportation <input type="checkbox"/> Eating <input type="checkbox"/> Hygiene <input type="checkbox"/> Transfer <input type="checkbox"/> Toilet use <input type="checkbox"/> Bed Mobility <input type="checkbox"/> Bathing <input type="checkbox"/> lotion/Ointment <input type="checkbox"/> laundry <input type="checkbox"/> Supervision/Coaching/Cuei <input type="checkbox"/> Incontinence Care <input type="checkbox"/> Wound care <input type="checkbox"/> G-Tub Feeding <input type="checkbox"/> Stair <input type="checkbox"/> catheter care <input type="checkbox"/> Dressing <input type="checkbox"/> Range of Motion Exercise
WEDNESDAY						<input type="checkbox"/> Meal Prep <input type="checkbox"/> House work/chore <input type="checkbox"/> Managing Finances <input type="checkbox"/> Managing Medication <input type="checkbox"/> Shopping <input type="checkbox"/> Transportation <input type="checkbox"/> Eating <input type="checkbox"/> Hygiene <input type="checkbox"/> Transfer <input type="checkbox"/> Toilet use <input type="checkbox"/> Bed Mobility <input type="checkbox"/> Bathing <input type="checkbox"/> lotion/Ointment <input type="checkbox"/> laundry <input type="checkbox"/> Supervision/Coaching/Cuei <input type="checkbox"/> Incontinence Care <input type="checkbox"/> Wound care <input type="checkbox"/> G-Tub Feeding <input type="checkbox"/> Stair <input type="checkbox"/> catheter care <input type="checkbox"/> Dressing <input type="checkbox"/> Range of Motion Exercise
THURSDAY						<input type="checkbox"/> Meal Prep <input type="checkbox"/> House work/chore <input type="checkbox"/> Managing Finances <input type="checkbox"/> Managing Medication <input type="checkbox"/> Shopping <input type="checkbox"/> Transportation <input type="checkbox"/> Eating <input type="checkbox"/> Hygiene <input type="checkbox"/> Transfer <input type="checkbox"/> Toilet use <input type="checkbox"/> Bed Mobility <input type="checkbox"/> Bathing <input type="checkbox"/> lotion/Ointment <input type="checkbox"/> laundry <input type="checkbox"/> Supervision/Coaching/Cuei <input type="checkbox"/> Incontinence Care <input type="checkbox"/> Wound care <input type="checkbox"/> G-Tub Feeding <input type="checkbox"/> Stair <input type="checkbox"/> catheter care <input type="checkbox"/> Dressing <input type="checkbox"/> Range of Motion Exercise
FRIDAY						<input type="checkbox"/> Meal Prep <input type="checkbox"/> House work/chore <input type="checkbox"/> Managing Finances <input type="checkbox"/> Managing Medication <input type="checkbox"/> Shopping <input type="checkbox"/> Transportation <input type="checkbox"/> Eating <input type="checkbox"/> Hygiene <input type="checkbox"/> Transfer <input type="checkbox"/> Toilet use <input type="checkbox"/> Bed Mobility <input type="checkbox"/> Bathing <input type="checkbox"/> lotion/Ointment <input type="checkbox"/> laundry <input type="checkbox"/> Supervision/Coaching/Cuei <input type="checkbox"/> Incontinence Care <input type="checkbox"/> Wound care <input type="checkbox"/> G-Tub Feeding <input type="checkbox"/> Stair <input type="checkbox"/> catheter care <input type="checkbox"/> Dressing <input type="checkbox"/> Range of Motion Exercise
SATURDAY						<input type="checkbox"/> Meal Prep <input type="checkbox"/> House work/chore <input type="checkbox"/> Managing Finances <input type="checkbox"/> Managing Medication <input type="checkbox"/> Shopping <input type="checkbox"/> Transportation <input type="checkbox"/> Eating <input type="checkbox"/> Hygiene <input type="checkbox"/> Transfer <input type="checkbox"/> Toilet use <input type="checkbox"/> Bed Mobility <input type="checkbox"/> Bathing <input type="checkbox"/> lotion/Ointment <input type="checkbox"/> laundry <input type="checkbox"/> Supervision/Coaching/Cuei <input type="checkbox"/> Incontinence Care <input type="checkbox"/> Wound care <input type="checkbox"/> G-Tub Feeding <input type="checkbox"/> Stair <input type="checkbox"/> catheter care <input type="checkbox"/> Dressing <input type="checkbox"/> Range of Motion Exercise

### Weekly Total Hours

I, the undersigned Direct Care Worker, attest that I provided Personal Assistance Services, as described above, to the Participant listed on the time sheet above, and that the hours are true and correct.			
DCW Signature:		Date	Agency Staff Signature:
Participant Signature:		Date	Position:   Date:

**Note:** All sections of the time sheet must be completed and signed by the Direct Care Worker, Participant, and Agency Designee. By signing in the designated area(s) above, you are confirming that the hours shown, and the services provided were performed by the Direct Care Worker whose name appears on the time sheet. Do not sign blank time and activity sheets.

**Participant Services Location:** \_\_\_\_\_