multicare.health
MultiCare

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PCA and PCA CHOICE Charting and Timesheet

Clients Name: Client MHCP # OR Date of Birth:

Employee's Name: Employee PCA ID#:

AGENCY WILL NOT PROVIDE SHARED CARE

Employee must write the date in MM/DD/YY format and circle A.M. or P.M. for each shift worked.

Days	Dates	Morning		Afternoon		Evening		Total Hours
		Start Time	Finish Time	Start Time	Finish Time	Start Time	Finish Time	
Wednesday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Thursday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Friday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Saturday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Sunday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Monday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Tuesday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Wednesday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Thursday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Friday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Saturday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Sunday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Monday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Tuesday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
							Total Hours for Two Weeks	

Client Hospitalized: Yes No Client Incarcerated: Yes No

If yes, mention Hospital/Facility: _____

Admit Date/Time: _____ Discharge Date/Time_____

ACKNOWLEDGEMENT AND REQUIRED SIGNATURES: After the PCA has documented the time and activity, the recipient must draw a line through any dates and times that they did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA 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 PCA Care Plan. PCA cannot sign on behalf of the client.

Employee Signature: _____ Date: _____

Client Signature: Date: