IN FAMILY HANDS (CDS) 800 N. Tucker Blvd. (STE 429) St. LOUIS MO 63101
OPEN M-F 9AM-4PM OFFICE PHONE 314-588-8055 FAX 314-588-8065
EMAIL infamilyhands@gmail.com WEBSITE - InFamilyHandsCare.com

CLIENT NAME (First, MI, Last)	DCN	CLIENT ADDRESS	EMPLOYEE NAME (First, MI, Last)

For the week of: FRIDAY_____/_____/_____ thru THURSDAY_____/_____/_____
MM DD YY MM DD YY

DATES OF SERVICE	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
SIGN IN	MO DAY	MO DAY	MO DAY	MO DAY	MO DAY	MO DAY	MO DAY
TIME IN (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
EMPLOYEE SIGNATURE							
LAST							
FIRST							
CONSUMER HOSPITAL	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
SIGNATURE							
LAST							
FIRST							

To ensure payment you MUST write your INITIALS next to all the activities you provided for each date you provided care.

ACTIVITIES							
Dress/GROOM							
Bathing							
Essential corres							
MEAL PREP							
MEDICATIONS							
Transfer/MOBILITY							
ASSIST Toileting							
make bed, linen chan							
EMPTY TRASH							
Laundry							
DUST and TIDY							
CLEAN FLOORS							
CLEAN BATH							
Catheter hygiene							
Maintain equipment							
Wash dishes/ clean kitchen							

After the PCA has documented his/her time and activity, the client must draw a line through any dates and time he/she did not receive services from the PCA. ***Client/Responsible Party and Staff MUST review the completed time sheet for accuracy before signing.*** ***It is a federal crime to provide false information on PCA billings for any Medical Assistance payment, or any other source of payment.*** *By signing below your signature verifies the time and services entered above are accurate and that the services were performed in the clients' home, as specified in the PCA Care Plan and that the client was in the PCA's care and was not in a hospital, care facility, or incarcerated during this time.* ***If the client was in a hospital, care facility or was incarcerated during the week of this timecard, please indicate the dates and location of stay here:*** *BLACK INK ONLY*

CLIENT/RESPONSIBLE PARTY SIGNATURE	DATE (MM/DD/YY)	PCA SIGNATURE	DATE (MM/DD/YY)