



Grace n' Care LLC

405 Silver Lake Rd NW Suite1New Brighton, MN 55112

Tel: (612) 707-2094 Fax: (651) 286-3355

245D HOME & COMMUNITY BASE SERVICE TIMESHEET

CLIENT : _____ **EMPLOYEE:** _____
(Last Name, First Name, MI) (Last Name, First Name, MI)

Pay period begins Thurs ends Weds _____/_____/_____ to _____/_____/_____	
Service Type Provided:	<input type="checkbox"/> 24hr Emergency <input type="checkbox"/> Semi-Independent Living Skill <input type="checkbox"/> IHS <input type="checkbox"/> IHFS
	<input type="checkbox"/> SLS <input type="checkbox"/> Night Sup <input type="checkbox"/> Personal Support <input type="checkbox"/> Supported Employment <input type="checkbox"/> Respite <input type="checkbox"/> Other_____

FIRST WEEK

Week One	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Date of Service:							
Time In	AM	AM	AM	AM	AM	AM	AM
Time Out	PM	PM	PM	PM	PM	PM	PM
(Total the number of hours for each service type below)							
Total Daily Time							

SECOND WEEK

Week Two	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Date of Service:							
Time In	AM	AM	AM	AM	AM	AM	AM
Time Out	PM	PM	PM	PM	PM	PM	PM
(Total the number of hours for each service type below)							
Total Daily Time							

Goals & Activity (Enter your initials bellow for each day worked)

Social / Transport							
Personal Care/ADL's							
Behavior Management							
Financial/ Education							
Home Making/Adl's							
Centered Goals							
Health /Medication							

REVIEW: ACKNOWLEDGMENT AND REQUIRED SIGNATURE

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

Employee Signature:	Date:
Client Signature:	Date: