Homemaker Cleaning Time Sheet (PLEASE PRINT) HOMEMAKER NAME:_____ MHCP (PCA) Provider #:_____ **CLIENT NAME:** Pay Period: MHCP (MA) ID #: This timesheet is to be completed DAILY by each Homemaker. By signing below, the Homemaker and CLIENT verifies that all of the information that has been completed on this form is accurate and truthful. All time and duties listed MUST have been actually worked/performed with/for the client. Listing any time or duties that was not worked/performed with/for the client is considered FRAUD and may result in termination of employment/services Any FRAUD or suspected FRAUD will be reported to the Fraud Investigation Division of the Department of Human Services. This timesheet must be in the AccuKare Inc. office by 12:00pm on the Tuesday after the pay period ends. It is the responsibility of each individual to handle the sending/faxing of his or her time card. Email to: timecards@accukare.com Mail to: Fax to: (763) 862-2135 AccuKare Inc. 13750 Crosstown Dr NW Suite L100 (If you fax your time card, call and verify it has been received) OR Andover, MN 55304 Cleaning (Equipment) PH. (763) 862-3971 Daily Total Time Time Date Time In Out AM PM PM PM AM AM PM AM PM AM AM PM AM AM AM AM AM Total Time for Pay Period Notes: _____ **NOTICE: It is a federal crime to falsely bill for MA services** **The client MUST draw a line through dates and times written down if services were not actually provided at those times** HOMEMAKER SIGNATURE: CLIENT SIGNATURE: Date: Date:

All above information is to be considered confidential and is to be treated in accordance with agency policy.