



Rz Team Home Health Care LLC
 1027 7th Street NW. Whit 204
 Rochester, MN 55901
 Phone: 507-540-0801 | 844-862-9972 (out Area)
 Fax: 507-481-1399 | Email: info@rzteamhomehealthcare.com

The Team That Understands
Your Health Needs

Complete only if Participant was hospitalized:

	Date	Time	Date	Time
Admit	<input type="text"/>	<input type="text"/>	Discharge	<input type="text"/>

No hours can be claimed if Participant is in the hospital, nursing home, incarcerated or out of home placement.

Consumer:
(Please Print)

DOB:

MA#:

Pay Period End Date:

WEEK ONE

Week One	Mo/Day/Yr.	Time In/Out AM or PM	Time In/Out AM or PM	Personal Support	Respite	**Homemaker
Mon						
Tues						
Wed						
Thur						
Fri						
Sat						
Sun						
*** Maximum Hours per week *** 40 hours for all consumers combined				Total		
				Personal Support	Respite	Homemaker

WEEK TWO

Week Two	Mo/Day/Yr.	Time In/Out AM or PM	Time In/Out AM or PM	Personal Support	Respite	**Homemaker
Mon						
Tues						
Wed						
Thur						
Fri						
Sat						
Sun						
*** Maximum Hours per week *** 40 hours for all consumers combined				Total		
				Personal Support	Respite	Homemaker

*Please make sure your hours are in the column that corresponds to the services you are providing to the consumer.
 **Basic Homemaker is not a 245D Service. For duties, see the CSSP Addendum

**By signing this timesheet I am verifying the above recorded hours are true and accurate. It is a Federal Crime to provide false information for Medical Assistance payment

Employee Signature Date Employee Name (Printed) EmpID (on Pay Stub) Consumer or Responsible Party Signature Date

Employee Phone Number

Consumer or Responsible Party Phone Number

*** Timesheets are due in the office by noon the Monday following the end of the pay period.