



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

The Team That Understands
 Your Health Needs

Complete only if Participant was hospitalized:

Admit	Date	Time	Discharge	Date	Time

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

HOMEMAKER BASIC

Participant: _____ DOB: _____ MA#: _____ Pay Period End Date: _____
 (Please Print)

TIMESHEET

Week One	Mo/Day/Yr.	Time In/Out AM or PM	Time In/Out AM or PM	Total
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total				

40 hours maximum per week, all participants combined.

Week Two	Mo/Day/Yr.	Time In/Out AM or PM	Time In/Out AM or PM	Total
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total				

Please INITIAL cares given

General Cleaning
Kitchen
Living Room
Bathroom
Laundry

Sun	Mon	Tue	Wed	Thur	Fri	Sat

Sun	Mon	Tue	Wed	Thur	Fri	Sat

****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) _____ Emp ID (on Pay Stub) _____
 Homemaker

Participant or Responsible Party Signature _____ Date _____

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