



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				
<b>Total min.</b>				

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				
<b>Total min.</b>				

40 hours maximum per week, all participants combined.

Please INITIAL cares given

General Cleaning
Kitchen
Living Room
Bathroom
Laundry

Mon	Tue	Wed	Thur	Fri	Sat	Sun

Mon	Tue	Wed	Thur	Fri	Sat	Sun

**\*\*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 ID/UMPI \_\_\_\_\_

Homemaker

Participant or Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

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