



**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 consumer was hospitalized:

Admit	Date	Time	Discharge	Date	Time

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

Consumer: \_\_\_\_\_ DOB: \_\_\_\_\_ MA# \_\_\_\_\_ Pay Period End Date: \_\_\_\_\_

(Please Print)

**WEEK ONE**

Wk One	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	1:1 Hours	Shared Care			Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Cleaning	Laundry	Health Related	Behavior	Cooking
					1:2	1:3	Location													
Monday																				
Tuesday																				
Wednesday																				
Thursday																				
Friday																				
Saturday																				
Sunday																				

\*\*\*Maximum Hours per week\*\*\*  
40 hours under PCA  
for all consumers combined

Total min.

Initial Cares Provided

**WEEK TWO**

Wk Two	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	1:1 Hours	Shared Care			Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Cleaning	Laundry	Health Related	Behavior	Cooking
					1:2	1:3	Location													
Monday																				
Tuesday																				
Wednesday																				
Thursday																				
Friday																				
Saturday																				
Sunday																				

\*\*\*Maximum Hours per week\*\*\*  
40 hours under PCA  
for all consumers combined

Initial Cares Provided

**\*\*Your signature verifies the recorded hours and cares checked are true and accurate and that the services were performed as specified in the PCA Care Plan. It is a Federal Crime to provide false information for Medical Assistance payment.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee ID/UMPI \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Phone #: \_\_\_\_\_

Consumer or Responsible Party Phone #: \_\_\_\_\_

\*\*\* Timesheets are due in the office by noon Tuesday following the end of the pay period.  
 \*\*\* Employees are only paid for time they are physically present and working with the consumer.

Office Use  
Total min.  
This day period