

Time Sheet for Missed Time in HHA (App or Telephony)



Return to Cherish LLC

Mail or Drop Off: 2900 East Beltline – Suite 8, Hibbing MN 55746

Fax: (218) 263-8336

Scan & Email: Trina@cherished1.co please type Missed Time in the subject line.

Employee Name: _____ **Phone:** _____

Consumer Name: _____ **Missed Time Date MM/DD/YY:** _____

Time In _____ **AM PM** **Location:** _____

Time Out _____ **AM PM** **Location:** _____

Reason for Missed Time: _____

Service Provided:

PCA

☐

Homemaker

TF

TG

Cleaning

Other Service –

Please Specify ie: In Home Supports W or W/O train, ICLS, Respite, Night Supervision ... etc

Duties: _____

Acknowledgement and Required Signatures

Review the completed time sheet for accuracy before signing. **It is a crime to provide false information on billings for Medical Assistance payment.** Your signature verifies the time and service entered above are accurate and that the services performed as specified in the Service / Care Plan.

Employee Signature

Program Participant (or Participant Representative) Signature

Date

Internal Office Staff Only:

1) Check to see if this document creates an issue in HHA – Over 16 hours – Over 40 in a week – Over 310 Rule _____

2) Enter Completed form Information into HHA _____

3) Scan and Upload Document into HHA _____