

ANGEL CARE, INC. Fiscal Intermediary

1580 Dahill Rd., 2nd Floor, Brooklyn, NY 11204 TEL: 917-507-7500, FAX: 917-507-7501

PA TIME & ATTENDANCE REPORT- USE BLACK INK ONLY. MUST SUBMIT ORIGINAL

Consumer Full Name:	Personal Assistant Full Name:
Consumer Address:	Week Starting: / /
Consumer Date of Birth:	Week Ending: / /

	DATE	TIME IN	TIME OUT	HOURS
SAT				
SUN				
MON				
TUE				
WED				
THU				
FRI				

PA Signature:	TOTAL HOURS WORKED
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Consumer Attestation

I, _____, certify that the times and dates listed on this time sheet are accurate and complete.

Consumer Signature:

- | | | |
|--|------------------------------|-----------------------------|
| 1. I completed tasks for personal hygiene (shower, oral care, dressing, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. I completed tasks for nutrition (feeding, cooking, adhering to diet, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. I completed tasks for the environment (cleaning, cooking, laundry, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. I completed tasks for safety (monitor client for falls, safety, standard precautions) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. I complete tasks for treatment (take blood pressure, remind medication, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. I completed other tasks (shopping, errands, accompany to MD appt) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

****Please note that all fields must be completed. Timesheets must be submitted by no later than Wednesday at 5pm or it will not be processed with the current week payroll. Please call the office to make sure your timesheet was received or to request blank timesheets. ****

For Office Use Only

Entered on:

By:

Notes: