

PAS Home Making Services

Phone: 651.603.2039 Fax: 651.603.2036

WEEK 1							WEEK 2						
SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI
Month/Day/Year							Month/Day/Year						
Time IN							Time IN						
Time OUT							Time OUT						
Time IN							Time IN						
Time OUT							Time OUT						
Total Daily Hrs:							Total Daily Hrs:						
Notes:	Total WK 1 Hrs:						Notes:	Total WK 2 Hrs:					

Acknowledgements & Signatures:
 It is a Federal Crime to provide false information on Home Making billings for Medical Assistance payment. MCIL will investigate and report suspected fraud.

Two Week Total:

<i>Print Home Maker's Name</i>	<i>Provider #</i>
Home Maker's Signature/Date:	
<i>Print Consumer Name</i>	<i>MA # DOB</i>
Consumer Signature/Date: <i>or Responsible Party</i>	
PAS Staff Signature/Date Rc'd Stamp:	

Please use standard 12 hr time and indicate AM & PM.
 Timesheets are due every other Monday by 4:30pm.

Shaded areas for office-use only

