



40 W Germantown Pike, Suite 101 | Norristown, PA 19401
833-TRU-CARE
 (833-878-2273)

EIN#: 46-4672480
 Keystone Provider ID#: 30759931

TIME-SHEET

CLIENT NAME:				
CLIENT ADDRESS:				
EMPLOYEE NAME:			PHONE #:	
	VISIT DATE	CLOCK-IN TIME	CLOCK-OUT TIME	TOTAL HRS WORKED
SATURDAY				
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

REASON FOR MISSED EVV: _____

ATTESTATION

We, the undersigned, confirm that all information provided on this time-sheet is accurate and true to the best of our knowledge. We understand that any falsification or misrepresentation of information may be subject to administrative, civil, or criminal liability under applicable laws

Employee Signature:

Client Signature:

**IF YOUR CLIENT IS IN THE HOSPITAL, REHAB OR OUT OF STATE
 YOU ARE NOT ALLWED TO WORK**

ANY HOURS PAID TO YOU WILL BE RECOUPED AND REPORTED AS FRAUD TO THE MCO
 AND OFFICE OF ATTORNEY GENERAL

ACTIVITY RECORD

**IF THE CLIENT IS IN THE HOSPITAL OR NOT RECEIVING
 CARE FOR ANY REASON YOU MUST REPORT TO TRUCARE
 AT 610-878-2273**

**YOU MUST CHECK OFF THE DUTIES PERFORMED
 DURING YOUR SHIFT(S) BELOW**

DAILY DUTY TASKS	SAT	SUN	MON	TUE	WED	THU	FRI
Light Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal Prep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower/Bath/Bed Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral/Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment Assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping/Errands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE SEND YOUR TIME-SHEET TO:

Email: payroll@tc-hc.com

Fax: 610-500-5095