



A Division of Alpha One

Maine Care Personal Assistant Services Timesheet

Complete log sheet on back

Consumer's name (print)

PA's name (print)

Pay Period Beginning:

Week 1

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Weekly Totals:		

Week 2

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Weekly Totals:		

Daily Tasks Completed (Check Box)

Transfers/Mobility	<input type="checkbox"/>	Bathing/Hygiene	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	Meal Prep/Eating	<input type="checkbox"/>
Bowel/Bladder	<input type="checkbox"/>	Household Tasks	<input type="checkbox"/>
Errands	<input type="checkbox"/>		<input type="checkbox"/>

For Official use only
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Total hours worked:

I certify that the above information is true, accurate and complete. I certify that my Maine Care Coverage is in effect for this time period, and am not billing while in a hospital or a nursing facility and I certify that the Personal Assistant is *NOT* a family member.* I understand that payments are from Federal and State funds. Any false statements will be prosecuted under applicable laws. *A "family member" means a spouse of the recipient, the parents or step-parents of a minor child, or a legally responsible relative.

CONSUMER'S SIGNATURE: DATE:

PA'S SIGNATURE: DATE:

