



40 W Germantown Pike, Suite 101 | Norristown, PA 19401
833-TRU-CARE

TIME-SHEET

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

CLIENT NAME:		MA-ID:		
CLIENT ADDRESS:				
EMPLOYEE NAME:		LAST 4 OF SS #:		
	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: Date: Client Signature: Date:

[Signature]

D.O.

TruCare Employee Signature: Title: Date:

IF YOUR CLIENT IS IN THE HOSPITAL, REHAB OR OUT OF STATE, YOU ARE NOT ALLOWED 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