8682 Eagle Creek Circle, Savage MN 55378 (952) 854-7760 **fax: (952) 854-7842** payroll@aplushomecare.org

A+ H0ME CARE

HOMEMAKING (S5130) TIME CARD

Pay Period End: _____

Client Name _____ *MA#* _____ *Phone #* _____

HMK Name _____ *Phone #* _____

5130 TF_____ **5130 TG**_____

Day	Date	In	Out	Hours
Sun				
Mon				
Tues				
Wed				
Thur				
Fri				
Sat				
			Week 1 hours	
Sun				
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
			Week 2 Hours	

***Initial* Cares Provided**

Dust	Sweep	Vacuum	Dishes	Trash	Laundry	Misc.

Biweekly Total Hours:

Client Signature: _____ **Date:** _____

HMK Signature: _____ **Date:** _____

Comments: _____

It is a Federal crime to provide false information on homemaking billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the Homemaker Service Plan.