AMD Home Care Agency

FOR THE WEEK OF:

_____

MM/DD/YY *MM/DD/YY*
(Sunday through Saturday)

LOCATION OF SERVICE

_____

PARTICIPANT

ATTESTATION: I, the undersigned participant, attest that the hours shown are correct, Personal Assistance Services was provided satisfactorily at above mentioned location.

NAME **MEDICAID ID**

_____ _____

SIGNATURE **DATE**

_____ _____

DIRECT CARE WORKER

ATTESTATION: I, the undersigned Caregiver, attest that I provided Personal Assistance Services, as described here, to the Consumer listed on the time sheet, and that the hours are true and correct.

NAME **LAST 4 of SSN**

_____ _____

SIGNATURE **DATE**

_____ _____

STAFFING COORDINATOR

NAME

_____

SIGNATURE **DATE**

_____ _____

PROVIDER INFORMATION

Name: AMD Senior Purecare LLC
Keystone / AmeriHealth Caritas PA ID: 30861841
UPMC ID: 457662
PA Health & Wellness ID: P10006899872
MPI: 103670040
EIN: 83-4023663

Date → (MONTH / DAY) →		**Sun**	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**
Shift One	Time In							
	Time Out							
Shift Two	Time In							
	Time Out							
Total Hours								
115	Meal Preparation	☐	☐	☐	☐	☐	☐	☐
116	Housework/Chore	☐	☐	☐	☐	☐	☐	☐
117	Managing Finance	☐	☐	☐	☐	☐	☐	☐
118	Medication Reminder	☐	☐	☐	☐	☐	☐	☐
119	Shopping	☐	☐	☐	☐	☐	☐	☐
122	Hygiene	☐	☐	☐	☐	☐	☐	☐
123	Dressing	☐	☐	☐	☐	☐	☐	☐
125	Locomotion	☐	☐	☐	☐	☐	☐	☐
126	Transfer	☐	☐	☐	☐	☐	☐	☐
127	Toileting	☐	☐	☐	☐	☐	☐	☐
129	Eating	☐	☐	☐	☐	☐	☐	☐
130	Bladder Incontinence	☐	☐	☐	☐	☐	☐	☐
131	Bowel Incontinence	☐	☐	☐	☐	☐	☐	☐
135	Bathing	☐	☐	☐	☐	☐	☐	☐
137	Lotion/Ointment	☐	☐	☐	☐	☐	☐	☐
138	Laundry	☐	☐	☐	☐	☐	☐	☐
139	Reading/Writing	☐	☐	☐	☐	☐	☐	☐
140	Supervision/Coaching/Cueing	☐	☐	☐	☐	☐	☐	☐
141	Incontinence Care	☐	☐	☐	☐	☐	☐	☐
209	Hair Care	☐	☐	☐	☐	☐	☐	☐
214	Skin Care	☐	☐	☐	☐	☐	☐	☐
229	Assist with walking	☐	☐	☐	☐	☐	☐	☐
232	Range of Motion	☐	☐	☐	☐	☐	☐	☐
247	Light Housekeeping	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
Consumer Initials →→→→								

Fax to: 888-285-5812 • Email to: info@amdhomecare.com • Mail to Office: 1013 W County Line Rd, Warminster. PA 19040 • Call to Confirm: 215-714-7444