W-993
(Rev. 2/10)

STATE OF CONNECTICUT – DEPARTMENT OF SOCIAL SERVICES

PCA TIME SHEET/ACTIVITY CHECK LIST

Print Name of Waiver Participant (Employer): ______________________________

Street: ______________________________

City, State, Zip Code: ______________________________

Employee Name: ______________________ ______________________
Last First

Social Security Number: ______–______–______

Week Ending: ____/____/____

Day	Date MO/DAY	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT	Total Hours for Day	Hourly Rate	Day's Billing
Sat									x	=
Sun									x	=
Mon									x	=
Tues									x	=
Wed									x	=
Thur									x	=
Fri									x	=
							TOTAL			

EMPLOYEE DAILY ACTIVITY CHECK LIST

	S	SU	M	T	W	TH	F		S	SU	M	T	W	TH	F
Bathing								Light Housework							
Dressing/Undressing								Laundry							
Eating								Errands (shopping, etc.)							
Toileting								Taking Medicine							
Bladder Routine								Accompany Medical Transport							
Bowel Routine								Exercise							
Transfers								Personal Business (bill paying, written and phone communication, etc.)							
Mobility Inside and Outside															
Grooming/Hygiene															
Meal Preparation															

I certify that the information supplied above regarding hours worked and activities performed is accurate. I also certify that my employer was not an inpatient in a hospital, nursing facility, or other medical or non-medical institutional setting during this time period.

______________________________ ______________
Employee Signature Date

I certify that this time sheet/activity check list was completed in full BEFORE I signed it and that the above information regarding hours worked and activities performed is accurate. I also certify that I was not an inpatient in a hospital, nursing facility, or other medical or non-medical institutional setting during this time period.

______________________________ ______________
Authorized Employer Signature Date

THIS INFORMATION IS AVAILABLE IN ALTERNATE FORMATS. PHONE (800) 842-1508 OR TDD/TTY (800) 842-4524.

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