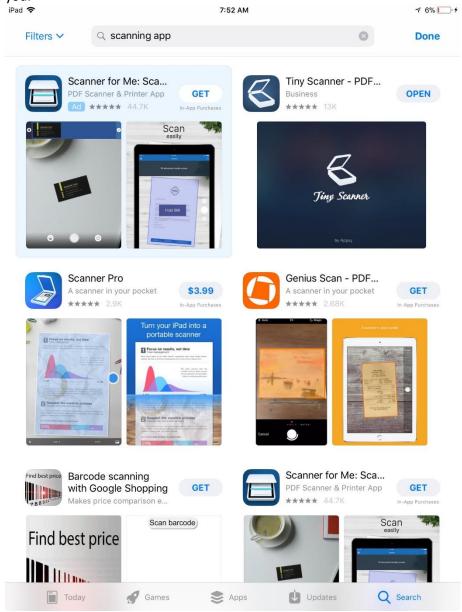


## Scanning Timesheets with Apple Phones

From the Apple Smartphone or Tablet, open the App store. From the search menu, search for "Scanning APP". Examples include and are not limited to Tiny scanner, simple scan, and adobe scan. Find what one works best for you.



Accra Care, Inc. / Accra Home Care, Inc. / Accra Home Health, Inc. / Choices for Children, Inc. / Consumer Choice, Inc. / Service Management Group, Inc.



Open the app that you downloaded and follow their instructions for taking the photo in the app itself (do not convert from a JPG to PDF).

Timesheets will need to come as a PDF attachment not a link or as JPG (sends sometimes as an attachment and sometimes embedded in the body of the email)

Once you get to the email send it to <a href="Mytime@accracare.org">Mytime@accracare.org</a>. You will receive two emails sending it by email if you only receive the one email call by Wednesday afternoon if you have not received the second email telling you that we processed the timesheet for X number of hours.



## **IMPORTANT REMINDER:**

Once the message has been sent, delete any and all electronic images and messages you have just sent to Accra. These incudes any messages in the sent folder of your email as well as the original photo which is stored in the Adobe app. HIPAA law governs the use of protected health information (PHI). Not protecting PHI may result in fines or disciplinary action. Thank you!

Accra Care, Inc. / Accra Home Care, Inc. / Accra Home Health, Inc. / Choices for Children, Inc. / Consumer Choice, Inc. / Service Management Group, Inc.



This is how the timesheet should look after you send it through the scanning app and it cannot be any darker than this sample or it could be sent back to you till we receive a light enough copy.

<b>3310</b>		Accra Care Inc.  1011 1st Street S #315, Hopkins MN 55343 Phone: 952-935-3515 Fax: 952-935-7112 Email Timesheet: mytime@accracare.org					Complete only if consumer was hospitalized:  Date Time Date Time  Admit															
Consumer:		John Doe			DOB:	1/5/196	961		# 012	34567 Pay Perio				l End	Date							
(Please Print) WEEK ONE		012345						ing	Grooming	ğ	3.0	Transfers	lity	Positioning	Toileting	Cleaning	Laundry	t p	Behavior	king		
Wk One	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	1:1 Hours	1:2	Shared Car	Location	Dressing	3100	Bathing	Eating	Fran	Mobility	Posit	Toile	Clea	Laur	Health Related	Behi	Cooking		
Sun	V7/18	7:15cm	Dan	4.75	1:2	1.3	Location	3			75	,		J5			75		3	22		
Mon	1/8/14	Hospital -	100101	1.75				_			5~		_									
Tue	1/9/18	HOSpital -				-																
Wed	V10/18	8:30 Am	4gm	7.5				<u>7</u> 5	53		区		77	525	55		<u>7</u> S	7	5	I		
Thur	11118	9am-lpm	3:45 pm - 50%					73		ک۲	55			55	$\mathfrak{I}$	A	22		_			
Fri	112/18	10000	3. 2.																$\rightarrow$			
Sat	V13/18	1/em	Dan	1				55	B		ZS		JS	55	22	(	75		22	$\mathcal{I}_{\mathcal{L}}$		
WEEK	for all consu	lours per week*** under PCA mers combined	Total	18.5				g g	ning					Positioning Los		in g	d,	- P	vior	ă		
Wk	Mo/Day/Yr	Time In/Out	Time In/Out	1:1 Hours	1:2	Shared Care	Location	Dressing	Grooming	Bathing	Eating	Fransfers	Mobility	Positi	Toileting	Cleaning	Laundry	Health Related	Behavior	Cooking		
Two Sun	VILLA	Dam-7am	Lom - Dam	13	1.2	1.5	Location		53		3		75	73	13	Ť,	73	(		J5		
Mon	1/15/18	Demo	1.16 0.00	1.25			-	75	53		73		35	J3 (	5		75	J	3			
Tue	VILIK	2pm	9:30pm	7.5				55	53		33		53	32	B		3	-	55	V		
Wed	1/17/18	50m	9:450m	4.75				55	JS.	53	巧			3	B	IJ	$\alpha$					
Thur	V18/18																					
Fri	1/19/18					-																
Sat	V20/18	llom	Dan	1				23	JS	22	55	1	22	IS	X	55	22	þ	5			
***Maximum Hours per week** 40 hours under PCA Total for all consumers combined						Initial Cares Provided																
provide f	signature ver alse informati	ifies the recorded hours ion for Medical Assistan	ce payment.	true and accu	rate and t	that the servi	ices were po	rform	ed as	specifi				e Plan	. It is	a Fede						
Jane Smith 1/20/2018 Employee Signature Date				Employee Name (Print		1111	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						John Doe Responsible Party Signature						1/20/2018 Date			
Employee Signature Date					ame (Pr	(Printed) Emp ID (on PayStub) Responsible Party Signature D							Date									
Employee Phone #:							Consumer or Responsible Party Phone #:															
*** Times	heets are due i	n the office by noon Tues paid for time they are phy	day following the end of sically present and worki	the pay period ing with the co	l. nsumer.														٧	/2014		