

Magic Home Care. 250 Avenue X Brooklyn NY 11223 T. 718-484-4900 F. 877-624-4202
Email: timesheet@magichcny.com Website: magichomecareny.com

Patient Name: _____ Assistant Name: _____
 Patient Address: _____ Assistant ID #: _____
 Patient Phone # _____ Assistant Phone #: _____

Day	Date	In	Out	Hours	In	Out	Hours	Total Hours	Notes
Sunday	/ /								
Monday	/ /								
Tuesday	/ /								
Wednesday	/ /								
Thursday	/ /								
Friday	/ /								
Saturday	/ /								

By signing this time sheet, I attest to the accuracy and validity of the hours being reported as worked. I understand Medicaid funds will be paid to the Personal Assistant on the basis of this timesheet. I understand that deliberately completely inaccurate time sheets can be fraud, which is a crime, and that severe penalties can be imposed for committing fraud.

 Patient Signature Date Assistant Signature Date

Completed time sheets should be submitted to: **Magic Home Care**, 250 Avenue X, Brooklyn, NY 11223
 Time sheets should be received by **Monday, 9:00 am at the latest** each week to be included in the next payroll run.
 Late timesheets will be paid the following payroll run.