



# Access North

Center for Independent Living of Northeastern Minnesota

Assisting individuals with disabilities to live independently, pursue meaningful goals, and have the same opportunities and choices as all people.

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[www.accessnorth.net](http://www.accessnorth.net)

An Equal Opportunity Employer

## MISSED TIME FORM

Today's Date:	Date of Missed Time:		
Type of service:			
<input type="checkbox"/> PCA	<input type="checkbox"/> Homemaking		
<input type="checkbox"/> Respite	<input type="checkbox"/> Shared Care		
Direct Support Professional DSP (print):			
<small>(Shared care ONLY: please also specify consumer A, B, C or D and submit a separate sheet for each consumer)</small>			
Consumer (print):			
Qualified Professional QP (print):			
What was the missed time:			
TIME-IN _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	TIME-OUT _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
Circle Y or N for the care plan tasks completed:			
Dressing Y / N	Transfers Y / N	Health Related Y / N	Consumer Present Y / N
Grooming Y / N	Mobility Y / N	Behavior Y / N	
Bathing Y / N	Positioning Y / N	IADLs Y / N	
Eating Y / N	Toileting Y / N	Homemaking Y / N	
Reason for Missed Time:			
<b><u>It is a crime to provide false information on DSP billings for Medical Assistance payment. By signing below you swear and verify the time and services entered above are accurate and that the services were performed by the DSP listed as specified in the Care Plan.</u></b>			
<small>I certify and swear under penalty of law that I have accurately reported on this missed time form the hours I actually worked, the services I provided, and the dates and times worked. I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings.</small>			
DSP Signature:			
Consumer/RP Signature:			

**Please submit this signed & completed form to Access North on the day of occurrence. If correction of time is not received by the Monday following the end of the pay period, this may result in delayed payment of shift.**

This form can be faxed, scanned, emailed or brought into your nearest Access North location. If emailed, please send to [time@accessnorth.net](mailto:time@accessnorth.net) type *Missed Time Form* in the subject line.