

Aafiya Home Care LLC

3270 19th St NW
Rochester, MN 55901



Manual Timesheet Verification Form

(Only for EVV Clock-In / Clock-Out / Location Corrections)

This form must be completed when there is an error or missing information in the Electronic Visit Verification (EVV) system. It serves as an official record for correcting clock-in/clock-out times or service location. All entries must be signed by both the PCA and the client (or responsible party) and reviewed by the agency. Manual corrections should only be used when necessary. Repeated corrections may require further review by the agency.

Client Name: _____ **Date of Service:** ____ / ____ / ____

Authorized Service: PCA Homemaking Respite Other: _____

Correction Details

- **EVV Time:** Clock-In _____ Clock-Out _____
- **Corrected Time:** Clock-In _____ Clock-Out _____
- **Location of Service:** Client Home Community Other: _____
- **Reason for Correction:**
 - Forgot to clock in/out EVV system error Location error
 - Other: _____

Verification & Signatures

Client/Responsible Party Verification: I confirm the PCA provided services during the corrected times and location.

- Client/Rep Name: _____ Signature: _____ Date: _____

PCA/Worker Certification: It is a federal crime to provide false information on billings for medical assistance. I certify that the above corrected times and location are accurate.

- PCA Name: _____ Signature: _____ Date: _____

Agency Review: Approved | Rejected by: _____ Date: _____