

Payroll Period

From Sunday

		/			/		
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Through Saturday

		/			/		
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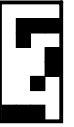
STAVROS FISCAL INTERMEDIARY SERVICES

P.O BOX 2130, Amherst, MA 01004-2130

Tel: (413) 256-6692, (800) 442-1185

Fax: (888) 773-4281, (413) 256-3849

17761



Employer Information

Number:

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Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

PCA Information

SSN:

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Last 4 Digits Only

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

EMPLOYER CHECK ONLY IF NEW ADDRESS, TELEPHONE, OR E-MAIL AND ATTACH CHANGE FORM

PCA CHECK ONLY IF NEW ADDRESS, TELEPHONE, OR E-MAIL AND ATTACH CHANGE FORM

Week #1	Time In				Time Out				Tot. Day/Eve Hours 6 AM to Midnight		Tot. Night Hours	Week #1	Time In				Time Out				Tot. Day/Eve Hours 6 AM to Midnight		Tot. Night Hours
	Hour	MIN.	AM	PM	Hour	MIN.	AM	PM	Hours	MIN.	Hours		Hour	MIN.	AM	PM	Hour	MIN.	AM	PM	Hours	MIN.	Hours
Sun.			AM	○			AM	○			□	Sun.			AM	○			AM	○			□
			PM	○			PM	○							PM	○			PM	○			
			AM	○			AM	○							AM	○			AM	○			
			PM	○			PM	○							PM	○			PM	○			
Mon.			AM	○			AM	○			□	Mon.			AM	○			AM	○			□
			PM	○			PM	○							PM	○			PM	○			
			AM	○			AM	○							AM	○			AM	○			
			PM	○			PM	○							PM	○			PM	○			
Tue.			AM	○			AM	○			□	Tue.			AM	○			AM	○			□
			PM	○			PM	○							PM	○			PM	○			
			AM	○			AM	○							AM	○			AM	○			
			PM	○			PM	○							PM	○			PM	○			
Wed.			AM	○			AM	○			□	Wed.			AM	○			AM	○			□
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			PM	○			PM	○							PM	○			PM	○			
Thu.			AM	○			AM	○			□	Thu.			AM	○			AM	○			□
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Fri.			AM	○			AM	○			□	Fri.			AM	○			AM	○			□
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Sat.			AM	○			AM	○			□	Sat.			AM	○			AM	○			□
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			AM	○			AM	○							AM	○			AM	○			
			PM	○			PM	○							PM	○			PM	○			
Total Week 1											Total Week 2												

By signing below, I certify under pains and penalty of perjury that I have received MassHealth PCA services from the PCA during the times described on this activity form; and I am not enrolled in Adult Foster Care or Group Adult Foster Care.

By signing below, I certify under pain and penalty of perjury that I have provided MassHealth PCA services to the consumer during the times described on this activity form.

Employer/Surrogate's signature

Date

PCA's Signature

Date