EVERCARE CONSUMERS **SENIOR CARE OPTION CONSUMERS** **EVERCARE CONSUMERS**

STAVROS FISCAL INTERMEDIARY SERVICES P.O BOX 2130, Amherst, MA 01004-2130 Tel: (413) 256-6692, (800) 442-1185 - Fax: (413) 256-3516

Employer Number: ☐☐☐☐

Payroll Period From Sunday ☐☐ / ☐☐ / ☐☐ Through Saturday ☐☐ / ☐☐ / ☐☐

PCA Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐

Employer Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

☐ Employer check only if new address and/or telephone

PCA Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

☐ PCA check only if new address and/or telephone

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

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

_____ Employer/Surrogate's signature

_____ Date

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

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

_____ PCA's Signature

_____ Date