

CCA CONSUMERS

SENIOR CARE OPTION CONSUMERS

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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: \_\_\_\_\_

PCA Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer check only if new address and/or telephone

PCA check only if new address and/or telephone

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

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.

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