

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 / /

PCA Social Security Number: - -

Employer Name: _____

PCA Name: _____

Address: _____

Address: _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Home Phone _____ Work Phone _____

Week #1	Time In		Time Out		Tot. Day/Eve Hours 6 AM to Midnight	Tot. Night Hours Midnight to 6AM	Home Phone	Time In		Time Out		Tot. Day/Eve Hours 6 AM to Midnight	Tot. Night Hours Midnight to 6AM	
	Hour	MIN.	Hour	MIN.				Hour	MIN.	Hour	MIN.			
Sun.	AM	0	AM	0				AM	0	AM	0			
	PM	0	PM	0				PM	0	PM	0			
	AM	0	AM	0				AM	0	AM	0			
	PM	0	PM	0				PM	0	PM	0			
Mon.	AM	0	AM	0				AM	0	AM	0			
	PM	0	PM	0				PM	0	PM	0			
	AM	0	AM	0				AM	0	AM	0			
	PM	0	PM	0				PM	0	PM	0			
Tue.	AM	0	AM	0				AM	0	AM	0			
	PM	0	PM	0				PM	0	PM	0			
	AM	0	AM	0				AM	0	AM	0			
	PM	0	PM	0				PM	0	PM	0			
Wed.	AM	0	AM	0				AM	0	AM	0			
	PM	0	PM	0				PM	0	PM	0			
	AM	0	AM	0				AM	0	AM	0			
	PM	0	PM	0				PM	0	PM	0			
Thu.	AM	0	AM	0				AM	0	AM	0			
	PM	0	PM	0				PM	0	PM	0			
	AM	0	AM	0				AM	0	AM	0			
	PM	0	PM	0				PM	0	PM	0			
Fri.	AM	0	AM	0				AM	0	AM	0			
	PM	0	PM	0				PM	0	PM	0			
	AM	0	AM	0				AM	0	AM	0			
	PM	0	PM	0				PM	0	PM	0			
Sat.	AM	0	AM	0				AM	0	AM	0			
	PM	0	PM	0				PM	0	PM	0			
	AM	0	AM	0				AM	0	AM	0			
	PM	0	PM	0				PM	0	PM	0			
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 _____