

**Payroll Period**

From Sunday

|  |  |   |  |  |   |  |  |
|--|--|---|--|--|---|--|--|
|  |  | / |  |  | / |  |  |
|--|--|---|--|--|---|--|--|

Through Saturday

|  |  |   |  |  |   |  |  |
|--|--|---|--|--|---|--|--|
|  |  | / |  |  | / |  |  |
|--|--|---|--|--|---|--|--|

**STAVROS FISCAL INTERMEDIARY SERVICES**

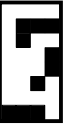
P.O BOX 2130, Amherst, MA 01004-2130

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

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

www.stavrosfi.org

17761



**Employer Information**

Number: 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**PCA Information**

SSN: 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

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 #2 | 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 | PM |          |      | AM | PM |                                     |      |                  | Sun.    |         |      | AM                  | PM |          |      | AM | PM |                                     |      |                  |  |  |  |  |  |  |
| Mon.                |         |      | AM | PM |          |      | AM | PM |                                     |      |                  | Mon.    |         |      | AM                  | PM |          |      | AM | PM |                                     |      |                  |  |  |  |  |  |  |
| Tue.                |         |      | AM | PM |          |      | AM | PM |                                     |      |                  | Tue.    |         |      | AM                  | PM |          |      | AM | PM |                                     |      |                  |  |  |  |  |  |  |
| Wed.                |         |      | AM | PM |          |      | AM | PM |                                     |      |                  | Wed.    |         |      | AM                  | PM |          |      | AM | PM |                                     |      |                  |  |  |  |  |  |  |
| Thu.                |         |      | AM | PM |          |      | AM | PM |                                     |      |                  | Thu.    |         |      | AM                  | PM |          |      | AM | PM |                                     |      |                  |  |  |  |  |  |  |
| Fri.                |         |      | AM | PM |          |      | AM | PM |                                     |      |                  | Fri.    |         |      | AM                  | PM |          |      | AM | PM |                                     |      |                  |  |  |  |  |  |  |
| Sat.                |         |      | AM | PM |          |      | AM | PM |                                     |      |                  | Sat.    |         |      | AM                  | PM |          |      | AM | PM |                                     |      |                  |  |  |  |  |  |  |
| <b>Total Week 1</b> |         |      |    |    |          |      |    |    |                                     |      |                  |         |         |      | <b>Total Week 2</b> |    |          |      |    |    |                                     |      |                  |  |  |  |  |  |  |

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