

**Payroll Period**

From Sunday

		/			/		
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Through Saturday

		/			/		
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**STAVROS FISCAL INTERMEDIARY SERVICES**

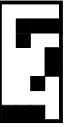
P.O BOX 2130, Amherst, MA 01004-2130

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

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

www.stavrosfi.org

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 #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.												Sun.											
Mon.												Mon.											
Tue.												Tue.											
Wed.												Wed.											
Thu.												Thu.											
Fri.												Fri.											
Sat.												Sat.											
<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