

Payroll Period From: / / To: / / Consumer Number: Telephone #: Consumer Name (Print): PCA Name (Print): PCA Telephone #: PCA Last 4 Digits of SSN

10986

WEEK #1	Time In		Time Out		Tot.Day/Eve Hours 6AM to Midnight		Tot. Night Hrs Midnight-6AM
	HRS	MIN.	HRS	MIN.	HRS	MIN.	
Sun.							
Mon.							
Tue.							
Wed.							
Thu.							
Fri.							
Sat.							
Total Week 1 Please note that Tempus pays the PCA based on daily, not weekly, totals.							

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; and I am not enrolled in Adult Foster Care and/or Group Adult Foster Care.

Consumer/Surrogate
Signature

WEEK #2	Time In		Time Out		Tot.Day/Eve Hours 6AM to Midnight		Tot. Night Hrs Midnight-6AM
	HRS	MIN.	HRS	MIN.	HRS	MIN.	
Sun.							
Mon.							
Tue.							
Wed.							
Thu.							
Fri.							
Sat.							
Total Week 2 Please note that Tempus pays the PCA based on daily, not weekly, totals.							

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
Signature