

MFP/ABI Self-Directed Waiver Services

TEMPUS UNLIMITED, INC., 600 Technology Center Drive, Stoughton, MA 02072

Toll-free Phone #: 1-877-479-7577 MFP Fax #: 1-978-367-5582

Payroll Period From: / / To: / /

DCW Name (Print): _____

Employer #: Telephone #: _____

DCW Telephone #: _____

Employer Name (Print): _____

DCW Last 4 Digits of SSN

Codes: 1 - Adult Companion 2 - Chore Service 3 - Homemaker 4 - Individual Support and Community Habilitation 5 - Personal Care 6 - Peer Support

WEEK #1	Code	Time In		Time Out		Total Hours	
		HRS	MIN.	HRS	MIN.	HRS	MIN.
Sun.			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
Mon.			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
Tue.			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
Wed.			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
Thu.			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
Fri.			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
Sat.			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		

Total Week 1 Please note that Tempus pays the DCW based on daily, not weekly, totals. :

WEEK #2	Code	Time In		Time Out		Total Hours	
		HRS	MIN.	HRS	MIN.	HRS	MIN.
Sun.			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
Mon.			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
Tue.			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
Wed.			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
Thu.			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
Fri.			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
Sat.			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM		

Total Week 2 Please note that Tempus pays the DCW based on daily, not weekly, totals. :

By signing below, I certify under pain and penalty of perjury that I have received MassHealth self-directed services from the DCW during the times described on this activity form.

By signing below, I certify under pain and penalty of perjury that I have provided MassHealth self-directed services to the waiver participant during the times described on this activity form.

Employer/Surrogate's
Signature & Date

DCW's
Signature & Date