

VDC Program

Payroll Period From: / / To: / /

Consumer #: Telephone #:

Consumer Name (Print):

PCA Name (Print):

PCA Telephone #:

PCA Last 4 Digits of SSN

28193



WEEK #1	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 PCA based on daily, not weekly, totals.			<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	

WEEK #2	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 PCA based on daily, not weekly, totals.			<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	

By signing below, I certify under pain and penalty of perjury that I have received Veterans Directed Care services from the Worker during the times described on this activity form; and I am not enrolled in MassHealth PCA services.

Consumer/Surrogate Signature

By signing below, I certify under pain and penalty of perjury that I have provided Veterans Directed Care services to the veteran during the times described on this activity form.

PCA Signature