

Payroll Period From:  /  /  To:  /  / Consumer #:  Telephone #: Consumer Name (Print): 

## VDC Program

Worker Name (Print): Worker Telephone #: Worker Last 4 Digits of SSN 

45864

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

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			.		
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Total Week 2		Please note that Tempus pays the Worker based on daily, not weekly, totals. <input type="text"/> : <input type="text"/>													

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