

MONEY FOLLOWS THE PERSON

ALLIED COMMUNITY RESOURCES, INC. Financial Managment Services

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Mail to: P.O. Box 479, East Windsor, CT. 06088-0479 OR Fax to: (860) 627-0230 – Toll Free (866) 598-2ACR(2227)

EMPLOYER DOCUMENTATION FOR MFP-ON-CALL PCA STIPEND REIMBURSEMENT

On-Call PCA Name: _____

Last 4 digits of SSN: _____

Mailing Address: _____

Telephone Number: _____

| MFP Participant Name | Address | Contact Date mo/day/year | From-To/AM-PM | List One: Contact Visit Shift or Training |
|----------------------|---------|-----------------------------|---------------|--|
| | | | | |

Employer Signature (or Approved Representative)

By Signing below I verify that the On-Call PCA either contacted me, received training or worked a minimum of one shift this month, as agreed upon in my care plan.

Employer Name (Printed)

Employer Signature

Date: