

MONEY FOLLOWS THE PERSON

ALLIED COMMUNITY RESOURCES, INC. Financial Management Services

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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: