



AIM/BCCIL PAYROLL SERVICES - P.O. BOX 1182, READING PA 19603 • Phone 610-376-0010 or 888-376-0120 • Fax 610-376-0035

Consumer ID: [] / [] / [] Through End Date: [] / [] / []

Consumer Name: []

Attendant/SSW Name: []

Attendant/SSW last 4 Social Security Number: [] [] [] []

Employer check & fill out only if new address and/or telephone

Attendant/SSW check & fill out only if new address and/or telephone

Agency With Choice SSW, Enter Service Type Code

Address: [] Zip: [] City: [] State: [] Phone: []

Week #1	Time In		Time Out		Total Hours	Week #2	Time In		Time Out		Total Hours
	Hour	Minute	Hour	Minute			Hour	Minute	Hour	Minute	
Sun.						Sun.					
Mon.						Mon.					
Tue.						Tue.					
Wed.						Wed.					
Thu.						Thu.					
Fri.						Fri.					
Sat.						Sat.					
Total Week 1						Total Week 2					

My signature certifies that I received/provided a service or item on the date listed above. I understand that payment for this service or item will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of material facts may be prosecuted under applicable Federal and State laws.

Employer Signature

Date

Attendant/SSW Signature

Date

6016754



6016754

