

# Morris Family Home Care Agency, LLC

4021 W 12th. Street, Suite #2 Erie  
PA 16505



**Morris Family**  
— HOME CARE AGENCY, LLC —

TIN: 83-3200641

Provider Number: 103670748-0001

Phone : (814) 806-3373 Fax : (814) 272-4162 Email : [info@mofahca.com](mailto:info@mofahca.com)

## Missed EVV Adjustment Form

*Employees must notify Morris Family Home Care Agency, LLC when a missed clock in/out occurs by contacting one of the numbers listed above. An EVV form must be completed and submitted within two business days or late/declined payment may occur.  
Reference the sheet attached for all rules/regulations regarding the compliance of this form.*

DCW Name: \_\_\_\_\_ DCW last 4 digits of SSN: \_\_\_\_\_ DCW Phone: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant's Medicaid ID: \_\_\_\_\_

Service Location: ☐ Participant's Home ☐ Other \_\_\_\_\_

Missed Date	Reason for Adjustment Form	
Time In		
Time Out		
Total Hours		

### Please check all the services completed during the visit

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Bathing               | <input type="checkbox"/> Toileting             | <input type="checkbox"/> Lotion/Ointment          | <input type="checkbox"/> Dressing          |
| <input type="checkbox"/> Oral Care/Dentures    | <input type="checkbox"/> Range of Motion       | <input type="checkbox"/> Supervision/Coaching     | <input type="checkbox"/> Hair Care         |
| <input type="checkbox"/> Transfers             | <input type="checkbox"/> Laundry/Fold          | <input type="checkbox"/> Light Housekeeping       | <input type="checkbox"/> Meal Preparation  |
| <input type="checkbox"/> Feeding               | <input type="checkbox"/> Shopping              | <input type="checkbox"/> Reminding Medicine       | <input type="checkbox"/> Supervised Walks  |
| <input type="checkbox"/> Finance Management    | <input type="checkbox"/> Socialization         | <input type="checkbox"/> Scheduling Appointment   | <input type="checkbox"/> Phone/Com. Device |
| <input type="checkbox"/> Secure Transportation | <input type="checkbox"/> Get seasonal Clothing | <input type="checkbox"/> Bowel/Bladder Management | <input type="checkbox"/> Other _____       |

DCW Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Participant Acknowledgement

*By signing below, I certify that I received the services mentioned above on the date and time.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use only

Action Taken: \_\_\_\_\_

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Website: [www.mofahca.com](http://www.mofahca.com)