

# ORION ISO, INC.

## AGENCY WITH CHOICE

Consumer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Month: \_\_\_\_\_

Due Date: 19th of the month

County: \_\_\_\_\_

**Service Type Guide:**

REG- Personal Assistance, Consumer Support, Treatment Training  
 RESP- Respite  
 HOM- Homemaker  
 CHO- Chore  
 TRV = Travel Time - must be travel between 2 consumers homes.

Date	Shift Start am/pm	Shift End am/pm	Service Type	Shift Start am/pm	Shift End am/pm	Service Type	Travel Time	Travel Start am/pm	Travel End am/pm	Total Hours	RESP code sleep dedt. applies: Y or N
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Comments: \_\_\_\_\_

Summary of Service Types	REG				TRV	Total Hours
Summary of Hours per Service Type						

Total OVT Hrs.  
 \_\_\_\_\_  
\*for office use only

*I certify, that this is an accurate record of the services I have provided.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\*required

*I certify, that this is an accurate record of the services this employee has provided.*

Employers Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Employer Phone #: \_\_\_\_\_ \*required

**Fax Toll Free: 1-877-677-3314**  
**E-mail: Payroll@orionassoc.net**  
**Mail to: Orion ISO, Inc**  
 Attn: Payroll  
 9400 Golden Valley Road  
 Golden Valley, MN 55427

Contacts:  
 Consumers A - L 763-450-5191  
 Consumers M - Z 763-450-5195

# ORION ISO, INC.

## AGENCY WITH CHOICE

Consumer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Month: \_\_\_\_\_

Due Date: 4th of the month

County: \_\_\_\_\_

**Service Type Guide:**

REG- Personal Assistance, Consumer Support, Treatment Training  
 RESP- Respite  
 HOM- Homemaker  
 CHO- Chore  
 TRV = Travel Time - must be travel between 2 consumers homes.

Date	Shift Start am/pm	Shift End am/pm	Service Type	Shift Start am/pm	Shift End am/pm	Service Type	Travel Time	Travel Start am/pm	Travel End am/pm	Total Hours	RESP code
											sleep deft. applies: or N
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											

Comments: \_\_\_\_\_

Summary of Service Types	REG			TRV	Total Hours
Summary of Hours per Service Type					

Total OVT Hrs.
*for office use only

I certify, that this is an accurate record of the services I have provided.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\*required

I certify, that this is an accurate record of the services this employee has provided.

Employers Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Employer Phone #: \_\_\_\_\_ \*required

**Fax Toll Free: 1-877-677-3314**  
**E-mail: Payroll@orionassoc.net**  
**Mail to: Orion ISO, Inc**

Attn: Payroll  
 9400 Golden Valley Road  
 Golden Valley, MN 55427

Contacts:  
 Consumers A - L 763-450-5191  
 Consumers M - Z 763-450-5195

# ORION ISO, INC.

## AGENCY WITH CHOICE

Consumer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Month: \_\_\_\_\_

Month for hrs worked
Due Date: 19th of the month

County: county consumer lives in

**Service Type Guide:**

REG- Personal Assistance, Consumer Support, Treatment Training  
 RESP- Respite  
 HOM- Homemaker  
 CHO- Chore  
 TRV = Travel Time - must be travel between 2 consumers homes.

Date	Shift Start am/pm	Shift End am/pm	Service Type	Shift Start am/pm	Shift End am/pm	Service Type	Travel Time	Travel Start am/pm	Travel End am/pm	Total Hours	RESP code sleep det. applies: Y or N
<b>1</b>	10:00am	2:00pm	REG	3:00pm	5:00pm	HOM	TRV	5:00pm	5:15pm	6.25	
<b>2</b>	10:00pm	12:00am	RESP							2.00	
<b>3</b>	12:00am	10:00pm	RESP							22.00	Y
<b>4</b>	SAMPLE										
<b>5</b>	6:00pm	12:00am	RESP							6.00	N
<b>6</b>	12:00am	8:00am	RESP							8.00	N
<b>7</b>											
<b>8</b>											
<b>9</b>											
<b>10</b>											
<b>11</b>											
<b>12</b>											
<b>13</b>											
<b>14</b>											
<b>15</b>											

Comments: \_\_\_\_\_

Summary of Service Types	REG				TRV	Total Hours
Summary of Hours per Service Type						

Total OVT Hrs.  
 \_\_\_\_\_  
\*for office use only

I certify, that this is an accurate record of the services I have provided.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\*required

I certify, that this is an accurate record of the services this employee has provided.

Employers Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Employer Phone #: \_\_\_\_\_ \*required

**Fax Toll Free: 1-877-677-3314**  
**E-mail: Payroll@orionassoc.net**  
**Mail to: Orion ISO, Inc**  
 Attn: Payroll  
 9400 Golden Valley Road  
 Golden Valley, MN 55427

Contacts:  
 Consumers A - L 763-450-5191  
 Consumers M - Z 763-450-5195