ORION ISO, INC

Individualized Home Supports

Consume	r Name:					Service Type								
Employee	Name:		REG - Individualized Home Supports (tormerly Personal Supports) REG 1:2 - Individualized Home Supports 1:2 staff-to-person ratio											
Month:			County:			REMOTE - Individualized Home Supports Remote TRN- Training Hours								
Due Date: 17th of the month						HOM-Homemaker CHO - Chore Services INR- In-Home Respite, OHR-Out-of-Home Respite								
						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		Individualized Home Supports			TRV	Total Hours				
						Summary of Hours per Service Type								
I certify, that this is an accurate record of the services I have provided.							Fax Toll Free: 1-877-677-3314				Total OVT Hrs.			
Employee Signature:					Date:	E-mail: Payroll@orionassoc.net Mail to: Orion ISO, Inc				*FOR OFFICE USE ONLY				
*required I certify, that this is an accurate record of the services this employee has provided.						Attn: Payroll 9400 Golden Valley Road Golden Valley, MN 55427								
Employers Signature:					Date:				Payroll Contac					
Employer Pho	ne #:			*required					763-450-5191					

ORION ISO, INC Individualized Home Supports

Consume	r Name:					Sonice Tune		uide:						
Employee	Name:		Service Type Guide: REG - Individualized Home Supports (formerly Personal Supports)											
Month:			County:			REG 1:2 - Individualized Home Supports 1:2 staff-to-person ratio REMOTE - Individualized Home Supports Remote								
	Soundy.					TRN- Training Hours								
	Due Date: 2nd	d of the month				HOM-Homemaker CHO - Chore Services INR- In-Home Respite, OHR-Out-of-Home Respite								
				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		
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Comments:	1	1				Summary of		Individualized			TRV	Total		
						Service Types Summary of Hours per Service Type		Home Supports			11/1	Hours		
I certify, that this is an accurate record of the services I have provided.						So. FIGE Type	F	ax Toll Free	: 1-877-677	Total OVT Hrs.				
							Fax Toll Free: 1-877-677-3314 E-mail: Payroll@orionassoc.net			AFOR OFFICE VIEW				
Employee Signature:*required								Orion ISO, Inc Attn: Payroll			*FOR OFFICE USE ONLY			
I certify, that thi	is is an accurate		9400 Golden Valley Road Golden Valley, MN 55427											
Employers Sig	nature:	Date:	Payroll Contact: 763-450-5191											
Employer Pho	ne #:			*required										