

ORION ISO, INC

Individualized Home Supports

Consumer Name: _____

Employee Name: _____

Month:
Due Date: 17th of the month

County: _____

Service Type Guide:
REG - Individualized Home Supports (formerly Personal Supports)
REG 1:2 - Individualized Home Supports 1:2 staff-to-person ratio
REMOTE - Individualized Home Supports Remote
TRN - Training Hours
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
											slugg decit. applies: Y or N
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Comments:

<i>Summary of Service Types</i>	Individualized Home Supports			TRV	Total Hours
<i>Summary of Hours per Service Type</i>					

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

Employee Signature: _____
*required

Date: _____

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

Payroll Contact:

763-450-5191

Total OVT Hrs.

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*FOR OFFICE USE ONLY

ORION ISO, INC

Individualized Home Supports

Consumer Name: _____

Employee Name: _____

Month: **County:** _____

Due Date: 2nd of the month

Service Type Guide:
REG - Individualized Home Supports (formerly Personal Supports)
REG 1:2 - Individualized Home Supports 1:2 staff-to-person ratio
REMOTE - Individualized Home Supports Remote
TRN- Training Hours
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	<small>RESP code sleep detl. applies: Y or N</small>
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											

Comments:

<small>Summary of Service Types</small>		<small>Individualized Home Supports</small>				TRV	Total Hours
<small>Summary of Hours per Service Type</small>							

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

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Golden Valley, MN 55427

Payroll Contact:
763-450-5191

Total OVT Hrs.

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