

Human Resource Center, Inc.  
 Habilitation     Companion  
 October 2017

Primary Caretaker: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Individuals Name: \_\_\_\_\_ Rate: \$8.25

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
						<b>1</b>	Total Wk. Hrs. Total Hrs. _____
<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	Total Wk. Hrs. Total Hrs. _____
<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	Total Wk. Hrs. Total Hrs. _____
<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	Total Wk. Hrs. Total Hrs. _____
<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	Total Wk. Hrs. Total Hrs. _____
<b>30</b>	<b>31</b>						Total Wk. Hrs. Total Hrs. _____

**Total Cost : \$** \_\_\_\_\_  
**Total Hrs for the Month :** \_\_\_\_\_

Employee Signature- \_\_\_\_\_ Date- \_\_\_\_\_  
 Approved by - \_\_\_\_\_ Date- \_\_\_\_\_  
 Relationship to Consumer - \_\_\_\_\_

\*\* (Invoices must be **approved/verified** by the Consumer himself/herself, or Primary Caretaker **before** it is submitted for payment.  
 Invoices that are not signed cannot be paid.)

Signed invoices must be received in our office by the Fifth (5th) of each month:

Payroll Specialist - **or fax to: (570) 872-9959**  
 Human Resources Center, Inc.  
 PO Box 77  
 Effort, PA 18330