

**ASSURED IN HOME CARE OF ORANGE COUNTY, INC.**

1525 Mesa Verde Drive East, #228, Costa Mesa, CA 92626

\*TEL: 1-800-925-7159x2 \* FAX 1-714-434-4708 \* E-Mail: [ocaccounting@assuredinhomecare.org](mailto:ocaccounting@assuredinhomecare.org)

HCA Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

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

Pay Period \_\_\_\_\_

**\*Meals cannot be taken all together**

**\*Meals #2 needs to be taken on or before the fifth hour**

**\*Meals should be noted in Assured logbook in addition to this form**

| Date | IN | Meal 1 | Meal 2 | Meal 3 | OUT |
|------|----|--------|--------|--------|-----|
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- 1. Form must be received in our office every other Monday as shown on Master Payroll Calendar
- 2. You can email form to and any questions to Business Office Administrator: [ocaccounting@assuredinhomecare.com](mailto:ocaccounting@assuredinhomecare.com)
- 3 Fax (714) 434-4708