



Aging, Disability & Veterans Services Division  
Oregon Project Independence (OPI)

District Center: ☐ EC ☐ ME ☐ NE ☐ FH ☐ PT

Enhancing Equity: ☐ UL ☐ IR ☐ GG ☐ AS

Date: \_\_\_\_\_ Prime number: \_\_\_\_\_

Client name: \_\_\_\_\_  
(last name) (first name)

This invoice is for the **OPI co-pay** for consumers receiving **in-home services from a Home Care Worker (HCW)** employed by the consumer.

\_\_\_\_\_ hours of service at your hourly pay-in fee of \_\_\_\_\_ for the period of \_\_\_\_\_ through \_\_\_\_\_ =

**AMOUNT DUE:** \_\_\_\_\_

*Please make payment within 30 days of receiving this invoice, or services will be cancelled!*

Please make checks payable to **ADVSD** (Aging, Disability and Veteran Services.) **Do not send cash.**

Mail this form with check to:

ADVSD – Multnomah County  
PO Box 40488  
Portland OR 97240-0488  
Attn: Margretta Hansen

Invoices are mailed after services have been delivered. Amount charged based on services received.

Please contact your case manager with any questions:

Case manager: \_\_\_\_\_ Phone #: \_\_\_\_\_