

HOUSEHOLD SERVICES STATEMENT

Client Name: _____ Claim No.: _____

Care Provider's Name: _____

Care Provider's Address: _____

Telephone No.: (_____) _____ Social Security No.: _____

Describe specifically what services were provided:

- | | | |
|----------------|-----------------------|----------------------------------|
| A. Vacuuming | G. Laundry | M. Driving (destination & miles) |
| B. Dusting | H. Changing Linens | N. Running Errands (be specific) |
| C. Cooking | I. Snow shoveling | O. Child Care |
| D. Dishwashing | J. Grass Cutting | P. Home Repairs (be specific) |
| E. Making beds | K. Grocery shopping | Q. Window washing |
| F. Ironing | L. Taking out garbage | R. Misc.: _____ |

Indicate on the following calendar what services (by letter) were performed on which dates:

MONTH: _____ **YEAR: 20** _____

Date 1	Date 2	Date 3	Date 4	Date 5	Date 6	Date 7
Date 8	Date 9	Date 10	Date 11	Date 12	Date 13	Date 14
Date 15	Date 16	Date 17	Date 18	Date 19	Date 20	Date 21
Date 22	Date 23	Date 24	Date 25	Date 26	Date 27	Date 28
Date 29	Date 30	Date 31				

*I expect to be paid for these services.

Care Provider Signature: _____ Date: _____