

## HOUSEHOLD SERVICES STATEMENT

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

Service Providers Name \_\_\_\_\_

Service Providers Address \_\_\_\_\_

Social Security Number (last four digits) \_\_\_\_\_

Describe specifically what services you provided:

- |                |                     |                                  |
|----------------|---------------------|----------------------------------|
| A. Vacuuming   | G. Laundry          | M. Driving                       |
| 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. Take out Garbage | R. Other _____                   |

Indicate on the following calendar what services by letter were formed on which dates:

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

I expect to be paid for these services.

Providers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_