

## 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 (destination & mileage) |
| 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 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: \_\_\_\_\_