

# HOUSEHOLD (REPLACEMENT) SERVICES STATEMENT

Claimant: \_\_\_\_\_

Claim No: \_\_\_\_\_ Date of Loss: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Service Provider's Name: \_\_\_\_\_

Service Provider's Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Describe specifically what services were provided to perform the tasks:

- |                |                           |                                  |
|----------------|---------------------------|----------------------------------|
| A. Vacuuming   | B. Laundry                | C. Driving                       |
| D. Dusting     | E. Changing Linens        | F. Running errands (be specific) |
| G. Cooking     | H. Snow Shoveling         | I. Child Care                    |
| J. Dishwashing | K. Grass Cutting          | L. Home Repairs (be specific)    |
| M. Making Beds | N. Grocery Shopping       | O. Window Washing                |
| P. Ironing     | Q. Taking out the garbage | R. Miscellaneous (describe)      |

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time as ordered by physician.

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

<b>DAY 1</b> AMOUNT \$20.00	<b>DAY 2</b> AMOUNT \$20.00	<b>DAY 3</b> AMOUNT \$20.00	<b>DAY 4</b> AMOUNT \$20.00	<b>DAY 5</b> AMOUNT \$20.00	<b>DAY 6</b> AMOUNT \$20.00	<b>DAY 7</b> AMOUNT \$20.00
<b>DAY 8</b> AMOUNT \$20.00	<b>DAY 9</b> AMOUNT \$20.00	<b>DAY 10</b> AMOUNT \$20.00	<b>DAY 11</b> AMOUNT \$20.00	<b>DAY 12</b> AMOUNT \$20.00	<b>DAY 13</b> AMOUNT \$20.00	<b>DAY 14</b> AMOUNT \$20.00
<b>DAY 15</b> AMOUNT \$20.00	<b>DAY 16</b> AMOUNT \$20.00	<b>DAY 17</b> AMOUNT \$20.00	<b>DAY 18</b> AMOUNT \$20.00	<b>DAY 19</b> AMOUNT \$20.00	<b>DAY 20</b> AMOUNT \$20.00	<b>DAY 21</b> AMOUNT \$20.00
<b>DAY 22</b> AMOUNT \$20.00	<b>DAY 23</b> AMOUNT \$20.00	<b>DAY 24</b> AMOUNT \$20.00	<b>DAY 25</b> AMOUNT \$20.00	<b>DAY 26</b> AMOUNT \$20.00	<b>DAY 27</b> AMOUNT \$20.00	<b>DAY 28</b> AMOUNT \$20.00
<b>DAY 29</b> AMOUNT \$20.00	<b>DAY 30</b> AMOUNT \$20.00	<b>DAY 31</b> AMOUNT \$20.00				

SIGNATURE OF PROVIDER: \_\_\_\_\_ DATE: \_\_\_\_\_