



ATTENDANT AFFIDAVIT

RE:

Veteran's Name – Last, First Middle

VA Claim or Social Security Number

Claimant's Name

Claimant's Address (Street)

City, State and Zip Code

My name is _____, and I provide health care for the above named claimant.

The services which I provide:

- | | | | | |
|--------------------------|-------------------------|--------------------------|----|---------------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Assistance with bathing |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Standing and sitting |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Getting in and out of bed |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Eating |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Walking |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Dressing and undressing |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Taking medication |
| <input type="checkbox"/> | Other (Please describe) | | | |

For these services, I am paid by the claimant _____ per day / week / month / year (please circle only one)

I began my employment on _____

Signature of provider

Street address

City, State, and Zip Code

Phone Number (including area code)

I CERTIFY, under the penalty of law, that the above information is true and correct, that I do pay the above referenced sitter the amount I listed for the services listed. (If claimant signs with his/her mark, the mark must be witnessed by two witnesses.)

Claimant
Signature: _____ Date _____

Witness: _____ Date _____

Witness: _____ Date _____

I certify I spend the following amount of time on the following health care services for

_____.
(name of claimant)

Activities of Daily Living (ADLs):

Eating	_____ hours per week
Bathing/showering	_____ hours per week
Dressing	_____ hours per week
Transferring (for example: from bed to chair)	_____ hours per week
Using the toilet	_____ hours per week

Instrumental Activities of Daily Living (IADLs):

Shopping	_____ hours per week
Food preparation	_____ hours per week
Housekeeping	_____ hours per week
Laundry	_____ hours per week
Managing finances	_____ hours per week
Handling medication	_____ hours per week
Using the telephone	_____ hours per week
Transportation for non-medical purposes	_____ hours per week
Other (explain): _____	_____ hours per week
Other (explain): _____	_____ hours per week
Other (explain): _____	_____ hours per week

Signature of in-home attendant

Date