

ATTENDANT AFFIDAVIT



Veteran's Name – Last, First, Middle

VA Claim or Social Security Number

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 are:

- Yes No Assistance with bathing
- Yes No Assistance with needs of nature
- Yes No Standing and Sitting
- Yes No Getting in and out of bed
- Yes No Eating
- Yes No Walking
- Yes No Dressing and Undressing
- Yes No Taking Medication
- Yes Other (please describe) _____

For these services, I am paid by the claimant _____ per day week month year
(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 penalty of law, that the above information is true and correct, that I do pay the above referenced sitter the amount listed for the services listed (If claimant signs with his/her mark, the mark must be witnessed by two witnesses.)

Signature: _____

Date: _____

Witness: _____

Date: _____

Witness: _____

Date: _____