

## HOUSEHOLD (REPLACEMENT) SERVICES STATEMENT

Injured Name: \_\_\_\_\_

Claim Number: \_\_\_\_\_ Date of Loss: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Describe specifically what services were provided per day to perform the tasks:

- |                |                       |                                  |
|----------------|-----------------------|----------------------------------|
| a. Vacuuming   | g. Laundry            | n. Driving                       |
| b. Dusting     | i. Changing Linens    | p. Running errands (be specific) |
| c. Cooking     | j. Snow Shoveling     | q. Child Care                    |
| d. Dishwashing | k. Grass Cutting      | r. Home Repairs (be specific)    |
| e. Making beds | l. Grocery Shopping   | s. Window Washing                |
| f. Ironing     | m. Taking out Garbage | t. Misc/Other (describe below):  |

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates as required:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

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

Pursuant to an agreement, I provided the above services and expect to be paid for the replacement services described above.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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