

**IN-HOME ATTENDANT CERTIFICATION**

Name of Attendant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Veteran \_\_\_\_\_

Claim/SSN \_\_\_\_\_

Name of Claimant \_\_\_\_\_

This is to certify that I have been providing \_\_\_\_\_ with assistance of activities of daily living listed below since \_\_\_\_\_.

Transferring \_\_\_\_\_

Dressing and undressing \_\_\_\_\_

Attending to the needs of nature \_\_\_\_\_

Bathing/showering \_\_\_\_\_

Management/ administration of medications \_\_\_\_\_

I am receiving \$\_\_\_\_\_ per hour for my services. I am providing my services for \_\_\_\_\_ hours per week.

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

Date: \_\_\_\_\_