

## Verification of Caretaker or Companionship Services

**Only the homeowner or head of household can qualify to have a live-in caretaker or companion excluded from the household.**

Date \_\_\_\_\_

\_\_\_\_\_  
Homeowner or head of household

\_\_\_\_\_  
Social security number

\_\_\_\_\_  
Person providing caretaker or companion services

\_\_\_\_\_  
Social security number

Please answer the questions below and return this form to the Office of Home Heating Fuel Assistance within 10 days. Call the Office of Home Heating Fuel Assistance at 1-800-479-6151 if you have questions.

1) Please list the services your caretaker or companion provides and how often.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Would you be able to live at home if your caretaker or companion did not provide these services for you?  Yes  No

3) Do you pay your caretaker or companion for these services?  Yes  No  
If yes, how much? \$ \_\_\_\_\_ How often? \_\_\_\_\_

4) How long has your caretaker or companion lived with you and provided these services?

\_\_\_\_\_  
number of weeks, months, or years

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Caretaker or companion signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to:** Office of Home Heating Fuel Assistance  
DCF/Economic Services Division  
103 South Main Street  
Waterbury VT 05671-1201