

## Verification of Medically Necessary Services

**Only the homeowner or head of household can qualify to have a medically necessary caretaker excluded from the household.**

Date \_\_\_\_\_

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

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

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

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

Please have your physician or licensed health care provider 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.

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### To the physician or licensed health care provider:

Does the patient listed above have a medical condition that requires a live-in caregiver to provide homemaker or personal care services?

Yes

No

If yes, please attach a brief written statement *on your letterhead* identifying the patient's medical condition and the personal care or homemaker services the patient requires.

Provider printed name \_\_\_\_\_ Telephone \_\_\_\_\_

Provider signature \_\_\_\_\_ Date \_\_\_\_\_

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