



## Verification of Medically Necessary Services

**Any elderly or disabled member of the household may qualify to have a medically necessary caretaker excluded from the household.**

Date \_\_\_\_\_

\_\_\_\_\_  
Person in need of medical caregiver services

\_\_\_\_\_  
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 address shown at the bottom of the page within 10 days. If you have questions, please call the Benefit Service Center at 1-800-479-6151.

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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:** DCF-Economic Services Division  
Application and Document Processing Center  
103 South Main Street  
Waterbury VT 05671-1500