



## 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. If you have questions, please call the Benefit Service Center at 1-800-479-6151.

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:** DCF-Economic Services Division  
Application and Document Processing Center  
280 State Drive  
Waterbury VT 05671-1500