

VA File Number: \_\_\_\_\_

Veteran's Name: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_  
(If different from the Veteran's)

### MEMORADUM CONCERNING IN-HOME HEALTH CARE SERVICE

Name of Care Provider: \_\_\_\_\_

Phone Number of Care Provider: \_\_\_\_\_

Date in-home care began: \_\_\_\_\_

What monthly amount does the Veteran/claimant pay from his/her funds?

Effective Date: \_\_\_\_\_ \$ \_\_\_\_\_ per month

Which of the following services do you provide to the claimant?

- Assistance with bathing and/or showering?
- Assistance with dressing
- Assistance with eating and/or drinking (not including meal preparation)
- Assistance with mobility (i.e. getting in or out of bed, a chair, etc.)
- Assistance with toileting
- Assistance with medication management
- Assistance with basic hygiene needs (i.e. shaving, brushing teeth, etc.)

Are you a licensed health professional? Yes \_\_\_\_\_ No \_\_\_\_\_ License #: \_\_\_\_\_  
(Registered nurse, license vocational nurse, or licensed practical nurse)

I certify that the above is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Provider \_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Claimant \_\_\_\_\_ Date

Instrumental Activities of Daily Living (IADLs) are different from ADLs (Activities of Daily Living) and are defined as non self-care activities that are needed for independent living, such as meal preparation, doing housework and other chores, shopping, traveling, doing laundry, being responsible for one's own medications and using the telephone. **Assistance with IADLs is insufficient for consideration as a medical expense.**