

## Approved Attendant Statement

I, \_\_\_\_\_ attended the \_\_\_\_\_ with  
\_\_\_\_\_ as his/her attendant. I performed personal care for the  
above named individual. My fee is \_\_\_\_\_ per day for \_\_\_\_\_ days (max of  
\$130/day) which totals \$\_\_\_\_\_.

First Name	MI	Last Name
Address		APT/STE
City	State	Zip
SSN	Phone	
Signature		Date
OFFICIAL USE		
Program Director Approval		Date

**Please send check to:**