Home Help / Home Care Statement

Insured person: ..... **Client number:** .....

First name / surname / address of person providing the help:

Bill for the month of: **Year:**

Compensation per hour in CHF

Please provide a detailed description for each day, as in the example below

Date	**Form of support** (Please describe, e.g. going for a walk, reading aloud, looking after children, night attendance, etc.)	**Home help** (Please describe, e.g. cooking, laundry, cleaning, etc.)	**Home care** (Please describe, e.g. getting dressed, personal hygiene, changing bandages, etc.)	**Amount in CHF**
Example: 01.01.17	*going for a walk / 30 min.*	*cleaning / 2 hours*	*taking a shower / 30 min.*	*75.00*