**Homemaker Program Voucher 2022**

Thank you for participating in our In-Home Voucher Program. This valuable service allows Park County seniors 60 years of age or older to receive homemaking assistance maintain their independence and keep their home safe and healthy.

In-Home Services Authorized for Park County Senior Coalition Voucher Payments:

Making and changing beds Washing clothes, dishes, floors Vacuuming carpets

Cleaning bathrooms and floors Emptying trash Dusting

Light Meal Prep & Putting away groceries Other light housekeeping

The senior employer is responsible for selecting and hiring their service provider. Once Homemaker services have been provided, the client must complete the information below/on the back and return this Homemaker Voucher to Park County Senior Coalition, **P.O. Box 309 Fairplay, CO 80440.**

Vouchers must be submitted once services are rendered. Unused hours will not carry over. Client, by signing below, you are acknowledging that the hours submitted for payment are correct. Payment will be made within two weeks of receipt of the voucher.

**PLEASE MAIL BACK BY THE THIRD OF THE FOLLOWING MONTH**

Client name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service Type: Homemaker Number of hours authorized: 8**

The homemaker services will be reimbursed at $20.00 per hour.

The maximum total reimbursement for services performed under this voucher: **$ 160**

***I was provided \_\_\_\_\_\_\_ TOTAL hours of Homemaker Services.***

***Amount of reimbursement requested: $\_\_\_\_\_\_\_\_\_\_\_\_***

**Homemaker(s):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and hours worked \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and hours worked \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total hours\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Date and hours worked \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours \_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Client Signature Date***

**The Check will be made payable to the client.**

**Note to Direct Provider and Client**: I understand that **the client** employs the Care Provider to do In-Home services and that they are not an employee or contractor of the Pikes Peak Area Agency on Aging, Pikes Peak Area Council of Governments, or Park County Senior Coalition and has not had a background check. It is understood that these agencies will not be held responsible for any injuries or damages that might occur during the time In-Home Care is provided. The Consumer is responsible for any difference not covered by PCSC. By signing you certify that this is a true and accurate record of hours provided.

**Direct Provider Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**