



Community Fund Ohio
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Caregiving/Companionship Log

Beneficiary Name: _____ Agreement Number: _____

Caregiver Name: _____ Relationship to Beneficiary: _____

I declare that the information provided on this form is accurate and the services provided were only for the trust Beneficiary.

Caregiver Signature: _____ Date: _____

Beneficiary Signature (Optional): _____ Date: _____

Date of Service	Start Time	End Time	Total Time	Service(s) Provided

Total Hours: _____ x Pay Rate: _____/hour = **Total Amount Requested \$** _____

IMPORTANT TAX NOTICE: Please be advised that Community Fund and Huntington do **not** issue 1099 or W-2 forms to service providers hired by a Beneficiary or Designated Advocate. While Community Fund and Huntington may receive and process Distribution Requests related to these services, neither are involved in the hiring or firing of service providers. Therefore, neither Community Fund nor Huntington is responsible for the issuance of 1099 and/or W-2 forms, if needed. **Please consult your tax advisor to determine if a 1099 or W-2 needs to be issued for a non-agency caregiver or other service provider that has been hired by or on behalf of a Beneficiary.**