



2300 NE Neff Road Bend, Oregon 97701
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Use this form if

someone PAYS FOR YOUR LIVING EXPENSES IN EXCHANGE for your help.

For example, you live with your son or daughter and help cook or take care of the children. Instead of being paid for your work, you are given a place to live. Please ask the person you live with to fill out this form and sign it.

TRADE INCOME STATEMENT

My name: _____ Date: _____

Dear Family Member or Friend,

I would like to get medical care from Volunteers in Medicine Clinic of the Cascades (VIM). To do this, I need to show what I do for you in exchange for living expenses. Would you please fill out this form?

VIM needs this information only to show that I qualify for care. VIM will keep all information private and confidential. For questions, please call the VIM office at (541) 585-9013. Thank you!

What I did for you	Name of month #1:	Name of month #2:	Name of month #3:
	<i>(circle one)</i>	<i>(circle one)</i>	<i>(circle one)</i>
Childcare	Yes / No	Yes / No	Yes / No
Cooking Meals	Yes / No	Yes / No	Yes / No
Cleaning	Yes / No	Yes / No	Yes / No
Home or Yard Maintenance	Yes / No	Yes / No	Yes / No
Care for another household member	Yes / No	Yes / No	Yes / No
Other? <i>Please describe.</i>	Yes / No	Yes / No	Yes / No
What I traded for			
Room	Yes / No	Yes / No	Yes / No
Meals	Yes / No	Yes / No	Yes / No
Use of car	Yes / No	Yes / No	Yes / No
Other? <i>Please describe.</i>	Yes / No	Yes / No	Yes / No

(Signature of Family Member or Friend)

(Phone) *(Date)*

(Print name of Family Member or Friend)