

## Relatives, Legally Responsible Persons, and Legal Guardians Providing Waiver Services Attestation

This document is used to complete the Reporting Form that names the relatives, legally responsible persons, and/or legal guardians who will provide waiver services. It must be uploaded with the Smartsheet submission when the participant plans for relatives, legally responsible persons, and/or legal guardians to provide waiver services to them.

This page must be reviewed and signed by:

- The Participant (or their Designated Representative), and
- Each relative, legally responsible person, and legal guardian listed in the submission.

## Participant Attestation

By signing this document, I confirm the following:

- This is my choice and is supported by my team.
- My team and I will review and discuss if the staff I have chosen are meeting my needs once a year, or more often if anything changes with the listed staff.
- There is a lack of other qualified staff to meet my needs.
- The staff listed on the form will provide no more than **40 hours per week** each.
- The staff listed have unique abilities to meet my needs such as knowledge of who I am, ability to communicate with me, availability, ability to connect me to the community, special skills or training.
- The staff listed will help increase my independence and community participation, integration and belonging. I have an agreement that identifies people, beyond family members, who will support me in making my own decisions (In Self-Directed Services, this can be included in the Participant Agreement).
- The staff listed agree to implement my Person-Centered Plan and provide services as required by the federal and State rules, laws and regulations of the waiver program.

Participant Name

Participant Signature

Date

Designated Representative Name  
(if applicable)

Designated Representative Signature  
(if applicable)

Date

## Relative, Legally Responsible Person, and Legal Guardian Attestation

By signing this document, we confirm the following:

- This is the participant's choice and is supported by the team.
- The participant and their team review and discuss if the staff they have chosen are meeting their needs at least once a year or when needed.
- There is a lack of other qualified staff to meet their needs.
- The staff listed on the form will provide no more than **40 hours per week** each.
- The staff listed have unique abilities to meet the participant's needs such as knowledge of who they are, ability to communicate with them, availability, connect them to the community, special skills or training.
- The staff listed will help increase the participant's independence and community participation, integration and belonging.
- The participant has an agreement that identifies people, beyond family members, who will support the participant in making their own decisions (In Self-Directed Services, this can be included in the Participant Agreement).
- The staff listed agree to implement the participant's Person-Centered Plan and provide services as required by the federal and State rules, laws and regulations of the waiver program.

Staff Name	Staff Signature	Date
Staff Name	Staff Signature	Date
Staff Name	Staff Signature	Date
Staff Name	Staff Signature	Date
Staff Name	Staff Signature	Date
Staff Name	Staff Signature	Date
Staff Name	Staff Signature	Date
Staff Name	Staff Signature	Date
Staff Name	Staff Signature	Date
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