

ILSP NON-PROFESSIONAL IN-HOME SERVICE PROVIDER AND INDIVIDUAL PROVIDER ATTESTATION OF ELIGIBILITY TO WORK

INSTRUCTIONS: Completion of this form is an ILSP program requirement.
Completed forms should be submitted to the ILSP third-party administrator.

ILSP Program Policy:

ILSP funding cannot be used to pay providers convicted of any serious crimes as defined in [Wis. Stat. § 50.065](#). This includes first or second-degree homicide, felony murder, assisting suicide, battery, physical abuse of an elder or child, abuse of individuals at risk, residents of penal facilities, neglect of patients or residents, or sexual assault.

If it is found that a non-professional in-home service provider or individual provider has been convicted of a serious crime and did not report this to the ILSP third-party administrator, the provider will be responsible for repayment of program funds.

Initials:

_____ I understand that if I have been convicted of a serious crime, I am not eligible for payment through the ILSP program.

_____ If I am convicted of a serious crime while working as a non-professional in-home service provider or individual provider in the ILSP program, I will notify the ILSP third-party administrator and the participant that I am no longer eligible to work.

Third-Party Administrator Contact Information:

Premier Fiscal Management Services

Phone: 888-890-2286

Email: ilsp@premier-fms.com

Attestation:

I have not been convicted of a serious crime, as defined in [Wis. Stat. § 50.065](#) and am eligible to provide services to participants in the ILSP program.

SIGNATURE – Non-Professional In-Home Service Provider or Individual Provider

Date Signed

Name –Non-Professional In-Home Service Provider or Individual Provider (Last, First, MI)