

**WISCONSIN MEDICAID
LONG-TERM CARE (LTC) WAIVER HOUSING COUNSELING ATTESTATION**

INSTRUCTIONS: Type or print clearly.

I attest:

- Service providers have expertise in housing issues relevant to the member/participant.
- Service providers will not solicit or receive any personal financial benefit, including but not limited to money, items, or services for free or for other than fair market value, in return for referring a member/participant to any organization, business, or entity providing housing for the member/participant, pursuant to 42 U.S. Code § 1320a-7b.
- Service providers will not use their position as a Housing Counseling Agency for personal financial gain, or other benefits, pursuant to 42 U.S. Code § 1320a-7b.

I agree and attest to the above. The individual signing must be the applicant or legal representative of your organization.

First Name	Last Name	
Title	Date Signed	

SIGNATURE
