

**WISCONSIN MEDICAID
LONG-TERM CARE (LTC) WAIVER SUPPORT BROKER ATTESTATION**

INSTRUCTIONS: Type or print clearly.

I attest:

- When providing support broker services, I, or the agency I represent, am independent of any other waiver service provider.

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
