

**WISCONSIN MEDICAID  
LONG-TERM CARE (LTC) WAIVER SUPPORTIVE HOME CARE  
AND RESPITE ATTESTATION**

**INSTRUCTIONS:** Type or print clearly.

I attest:

- Providers meet the standards in Managed Care Organization Training and Documentation Standards for Supportive Home Care, P-01602, and/or the IRIS (Include, Respect, I Self-Direct) Support Services Provider Training Standards, P-03071, as applicable.

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**

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