WISCONSIN MEDICAID LONG-TERM CARE (LTC) WAIVER VOCATIONAL FUTURES ATTESTATION

INSTRUCTIONS: Type or print clearly.

I attest:

□ Providers are qualified professionals that:

- Maintain the skills and knowledge typically acquired through the completion of an advanced degree in human services or an equivalent combination of education and experience.
- Receive ongoing training and technical assistance appropriate to their specific specialty.

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		