

**WISCONSIN MEDICAID
LONG-TERM CARE (LTC) WAIVER FINANCIAL MANAGEMENT ATTESTATION**

INSTRUCTIONS: Type or print clearly.

I attest:

- Is an agency, unit of an agency, or individual who is bonded and qualified to provide financial services related to the scope of the services being provided, which may include self-directed supports.
- Has training and experience in accounting or bookkeeping; and
- Has a system in place that recognizes the authorization of payment by the member or legal representative, that promptly issues payment as authorized, and that documents budget authority and summarizes payments in a manner that can be readily understood by the member or legal representative.

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
