

**WISCONSIN MEDICAID**  
**LONG-TERM CARE (LTC) WAIVER HOME MODIFICATION ATTESTATION**

**INSTRUCTIONS:** Type or print clearly.

I attest:

- Providers must obtain required state licenses, certifications, or registrations applicable to their trade.
- Providers must adhere to industry-set standards.

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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