

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