

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

**INSTRUCTIONS:** Type or print clearly.

I attest:

Providers must maintain compliance with local and state housing and building codes.

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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