

**HOME AND COMMUNITY-BASED SETTINGS
PROVIDER STATEMENT OF COMPLIANCE
WITH 42 C.F.R. §441.301(c)(4)(vi)(A)**

Residential services provider _____ (“Provider”) hereby certifies to the Department of Developmental Services Office of Quality Management that it is in compliance with Home and Community-Based Services waiver program requirements found at 42 C.F.R. §441.301(c)(4)(vi)(A).

A current and complete list of Individuals receiving residential services through Provider is attached to this Statement.

I am authorized to make this certification on behalf of Provider on this _____ day of _____, 20____.

Signature

Print name: _____

Title: _____

Provider: _____

Address: _____