***Only For Outpatient Mental Health Clinics That Do Not Furnish Non-Medicaid Reimbursable Social Services To Purchasing Agencies of The Commonwealth Pursuant to Regulation 808 CMR 1.00***

## CERTIFICATION OF OUTPATIENT MENTAL HEALTH CENTER SERVICES/RESULTS OF FINANCIAL OPERATIONS

**Misrepresentation or falsification of any information contained in this report may be punishable by fine and/or imprisonment under state and federal law**

***Certification by Owner, Partner or Officer***

I Hereby Certify that I have read the above statement and that I have examined the accompanying supplemental schedules and cover page of the Uniform Financial Statement’s and Independent Auditor’s Report (UFR), and the financial statements that have been audited in accordance with Generally Accepted Auditing Standards and, prepared in accordance with Generally Accepted Accounting Principles by:

Provider Name (s)

Federal I.D. #

For the fiscal year beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and that to the best of my knowledge and belief, the financial statements, and supplemental schedules and cover page of the (UFR) are true, accurate and complete and have been prepared in accordance with applicable regulations and instructions. The financial statements and accompanying supplemental schedules and cover page of the UFR are prepared from the books and records of the provider (s) except as noted. If prepared by a person other than the owner, partner, or officer, her or his declaration is based upon all information of which she or he has any knowledge.

This certification is signed under pains and penalties of perjury.

***Name of Owner, Partner, or Officer***

Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First\_\_\_\_\_\_\_\_\_\_\_\_\_\_M.I.\_\_\_\_\_

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Signature

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Title

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Date