**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: