## **ATTESTATION FORM**

(Use for Employees who do not have a High School Diploma or a General Equivalency Diploma)

The agency must retain the original signed form in the employee's personnel file for the duration of their employment.

Prov	ovider Agency Name:		
Emp	aployee Name:		
Posi	sition Title of Employee:		
	I attest that the employee does not have documentation of a High Diploma (GED).	ı School (HS) Diploma or Ge	eneral Equivalency
	I attest that the employee meets the minimum requirements for the position to provide services to participants in the Home and Community Based Waiver for Individuals with Intellectual and Developmental Disabilities (I/DD Waiver). The minimum requirements include the following:		
	1) Understand and follow written instructions		
	2) Understand and follow verbal instructions		
	3) Complete required documentation for the position		
	4) Demonstrate the ability to perform the duties and tasks req	quired in the position descript	ion
I understand this form only pertains to the HS diploma or GED requirement and does not waive any other General Staff Qualification Requirements as set forth in the Waiver Provider Standards Manual.			
Note	te: The provider agency may have additional requirements for the po	osition.	
	y signing, I attest I am authorized to sign on the provider agency's band accurate.	pehalf and the information in	this document is true
Pri	rint Name of Person Completing Form	Title	
	gnature	Date	
This	nis form can be signed electronically ("E-sign") or printed and signed. An E-sign	is accepted as an original signatur	e.

I/DD Waiver: Attestation in place of HS Diploma/GED

July 2019