ATTESTATION FORM

(Use for verifying Emergency Preparedness Plan Requirement)

Source: HI Waiver Provider Standards Manual (July 2026) 3.2.G Emergency Preparedness (p.76).

Complete and submit this attestation form and upload it to the Provider Portal. Use one (1) form per agency. If there are locations on other islands, ensure all addresses where services are provided are listed.

Provider Agency Name: _____

Provider Agency Address/s: _____

_____

☐ I attest that my agency has developed and maintains a current written Emergency Preparedness Plan (EPP) in compliance with Hawai‘i Department of Health, Developmental Disabilities Division (DOH-DDD) requirements. This plan addresses our protocols for responding to natural disasters, man-made emergencies, technological/infrastructure failures, disease outbreaks, and other types of emergencies that could impact the individuals we serve. If requested by DOH-DDD, the agency will respond to any requests for updates on the status of participants who may need additional supports due to an emergency. The agency understands that DOH-DDD may request information through agency self-assessments, policies or other documentation that demonstrate health and safety of participants are fully addressed.

☐ I attest that this plan is current and that any deficiencies previously identified in our emergency preparations (for example, during provider monitoring or certification reviews) have been rectified.

☐ I attest that all staff (including Residential Habilitation caregivers, if applicable) have been informed and trained on the procedures in the EPP and are prepared to implement them in the event of an emergency. In addition, the EPP is readily available for staff review. We understand the critical importance of emergency preparedness in protecting the health and safety of participants and remain committed to continuous readiness.

_____

By signing, I attest I am authorized to sign on the provider agency’s behalf and the information in this document is true and accurate.

_____ _____
Print Name of Person Completing Form Title

_____ _____
Signature Date

This form can be signed electronically (“E-sign”) or printed and signed. An E-sign is accepted as an original signature.