STATE OF HAWAII
DIVISION
Department of Health
Branch

DEVELOPMENTAL DISABILITIES

Community Resources

ATTESTATION FORM

(Use for Employees who do not have a HighSchool 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.

Provider Agency Name: _____

Employee Name: _____

Position Title of Employee: _____

☐ I attest that the employee does not have documentation of a High School (HS) Diploma or General EquivalencyDiploma (GED).

☐ I attest that the employee meets the minimum requirements for the position to provide services to participants inthe Home and Community Based Waiver for Individuals with Intellectual and Developmental Disabilities (I/DDWaiver). 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 required in the position description

☐ I understand this form only pertains to the HS diploma or GED requirement and does not waive any other GeneralStaff Qualification Requirements as set forth in the Waiver Provider Standards Manual.

Note: The provider agency may have additional requirements for the position.

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.