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| Last Name First Name MI |
| I hereby certify, under penalty or perjury, that the following information is true. |
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**I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by the law.**

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| Applicant Signature | Date |
| Applicant Phone Number |
| Applicant Address |
| Signature of Parent or Guardian (as needed) |

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| The above applicant self-attestation statement is being utilized for documentation of the following eligibility criteria: |
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| Eligible Intake Staff Person Name |
| Signature | Date |

Self-attestation may be an acceptable form of documentation as outlined within this document. However, self-attestation in ALL instances should be the last resort as an allowable documentation source and only used when no other allowable form of documentation is available. Self-attestation must be documented in case notes.