

Self-Attestation

Last Name	First Name	MI
I hereby certify, under penalty or perjury, that the following information is true.		

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.

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

The above applicant self-attestation statement is being utilized for documentation of the following eligibility criteria:

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.