

Check off the assurances prior to signing. Signatures must be from an individual authorized to sign for the provider agency. Unsigned applications will be purged.
<input type="checkbox"/> 1. Provider assures that, if approved, the provider agency complies and will maintain compliance with all applicable state and federal statutes, regulations, and licensure requirements for the approved service(s).
<input type="checkbox"/> 2. Provider assures that, if approved, the provider agency will provide only those Medicaid HCBS waiver services for which the provider has been approved; services which have been authorized by the Wraparound Facilitator in the individual's Plan of Care/Cost Comparison Budget, and in accordance with the Waiver Provider Agreement.
Signature:
Print Name:
Title:
Agency Name:
Date:

Return Completed Packets to:

Beth Fetters, CA-PRTF Grant Certification
 Division of Mental Health and Addiction
 Indiana Family & Social Service Administration
 402 W. Washington St., W353
 Indianapolis, IN 46204-2739
 Confidential Fax: 317 233-1986