

Mississippi Division of Medicaid HCBS Provider Health Self-Attestation

In accordance with Mississippi Division of Medicaid's requirement that providers of personal care and in-home respite services are physically/mentally able to provide needed care, all individuals providing direct care will be required to sign the below attestation prior to service provision.

Staff Name: _____

Date of Birth: _____

Provider Agency Name: _____

Hire Date: _____

Please initial the three statements and sign below.

_____ I attest that I have no physical or mental conditions that would prevent me from providing personal care or in home respite services.

_____ I attest that, to my knowledge, I have not been diagnosed with, nor been exposed to coronavirus/COVID-19.

_____ I attest that, to my knowledge, I have not been diagnosed with, nor been exposed to tuberculosis.

Staff Signature

Date