

## 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 and annually thereafter.

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