

**ILSP DIRECT-HIRE WORKER AND INDIVIDUAL PROVIDER
ATTESTATION OF ELIGIBILITY TO WORK**

INSTRUCTIONS: Completion of this form is an ILSP program requirement.
Completed forms should be submitted to the ILSP third-party administrator.

ILSP Program Policy:

ILSP funding cannot be used to pay workers convicted of any serious crimes as defined in [Wis. Stat. § 50.065](#). This includes first or second-degree homicide, felony murder, assisting suicide, battery, physical abuse of an elder or child, abuse of individuals at risk, residents of penal facilities, neglect of patients or residents, or sexual assault.

If it is found that a direct-hire worker or individual provider has been convicted of a serious crime and did not report this to the ILSP third-party administrator, the worker will be responsible for repayment of program funds.

Initials:

_____ I understand that if I have been convicted of a serious crime, I am not eligible for payment through the ILSP program.
_____ If I am convicted of a serious crime while working as a direct-hire worker or individual provider in the ILSP program, I will notify the ILSP third-party administrator and the participant that I am no longer eligible to work.

Third-Party Administrator Contact Information:

Premier Fiscal Management Services

Phone: 888-890-2286

Email: ilsp@premier-fms.com

Attestation:

I have not been convicted of a serious crime, as defined in [Wis. Stat. § 50.065](#) and am eligible to provide services to participants in the ILSP program.

SIGNATURE – Direct-Hire Worker or Individual Provider	Date Signed
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Name – Direct-Hire Worker or Individual Provider (Last, First, MI)