**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services Wis. Stat. § 49.45

F-03237 (09/2024)

**WISCONSIN MEDICAID**

**LONG-TERM CARE (LTC) WAIVER SUPPORT BROKER ATTESTATION**

**INSTRUCTIONS:** Type or print clearly.

I attest:

 When providing support broker services, I, or the agency I represent, am independent of any other waiver service provider.

I agree and attest to the above. The individual signing must be the applicant or legal representative of your organization.

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | |
| Title | | Date Signed |
| **SIGNATURE** | | |