**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services Wis. Stat. § 49.45

F-03241 (09/2024)

**WISCONSIN MEDICAID**

**LONG-TERM CARE (LTC) WAIVER VEHICLE MODIFICATION ATTESTATION**

**INSTRUCTIONS:** Type or print clearly.

I attest:

 The organization/agency is registered as a “vehicle modifier” with the National Highway Traffic Safety Administration in accordance with 49 C.F.R. 595.6.

 The organization/agency meets the requirements outlined in 49 C.F.R. 595.7.

 Equipment is installed according to the manufacturer’s requirements and instructions.

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** | | |