**SELF-DIRECTED SERVICES**

**Emergency Preparedness Attestation Document**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_attest that I have reviewed the provided training and have had all my questions answered by my employer regarding how to respond and support my individual in the event that one of the identified emergencies should arise. I have also been provided clarity and been trained by my employer on how I should respond and provide support to my individual in the event of a specific medical emergency arises.

Provider signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_