

Private Duty Nursing Employment Attestation Form

This Attestation of Employment Form services to provide information about employment status for the purpose of determining Medicaid Private Duty Nursing benefits.

Beneficiary: _____ MID# _____
DOB: _____

Primary Caregiver Attestation

On this date, I _____ (Print Name), certify that I am:

- Employed
- Not currently employed
- attend an institution of higher education part time
- attend an institution of higher education full time

If employed or attending institution of higher education provide daily schedule:

Secondary Caregiver Attestation

On this date, I _____ (Print Name), certify that I am:

- Employed
- Not currently employed
- attend an institution of higher education part time
- attend an institution of higher education full time

If employed or attending institution of higher education provide daily schedule:

I attest that, to the best of my knowledge, the above information can be supported by documentation.

Primary Caregiver (print) _____ Date: _____
Signature (required) _____

Secondary Caregiver (print) _____ Date: _____
Signature (required) _____