

Paraprofessional:

Consumer:

GT Independence

Paraprofessional/Direct Service Provider Attestation Statement

- I acknowledge that I have reviewed and understand the consumer's Individual Support Plan (ISP).
- I acknowledge that I have reviewed and understand the consumer's treatment plan, including the Provider Plan/Short Term Goals.
- I acknowledge that I have reviewed and understand the Person Centered Thinking Training.
- I acknowledge that I have reviewed and understand the Confidentiality Training.
- I acknowledge that I have reviewed and understand the Blood borne Pathogens and Universal Precautions Training.
- I acknowledge that I have reviewed and understand the Clients Rights.
- I acknowledge that in regards to administering medication:
 - _____ I will not be administering medication.
 - _____ Before I administer medication to the consumer I will obtain a current, non-expired, certificate in Medication Administration training and provide GT Independence with a copy.
- I acknowledge that in regards to providing transportation:
 - _____ I will not be providing transportation.
 - _____ I will only provide transportation to the consumer after I have notified GT Independence, have provided evidence of appropriate automobile liability insurance, have provided a copy of my valid driver's license, and have passed a driving record review conducted by GT Independence.

I attest that I will comply with the above mentioned requirements. I understand that these requirements must be continuously adhered to.

Printed Name: _____

Signature: _____

Date: _____