

# Attestation of Signature



Assister Name

Assister ID

1. Do you have a paper or electronic copy of the application?      **Yes**      **No**

If "No":

- a. Assist the applicant with navigation to the application online if appropriate.
- b. If the applicant cannot access the application: Say: "When your application is processed, we will mail you a copy of a notice that tells you about what we do to protect your privacy and about your rights and responsibilities when you enroll in this program." Skip question 2.

2. Have you read the Notice of Rights and Responsibilities?      **Yes**      **No**

- a. If "No": Say: "When your application is processed, we will mail you a copy of a notice that tells you about what we do to protect your privacy and about your rights and responsibilities when you enroll in this program."

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The following questions must ALL be answered "Yes" to accept a verbal signature. If any of these questions are answered as "No," a verbal signature cannot be gathered. The applicant must sign a paper application signature page to complete the application. An application submitted without a signature is considered an incomplete application and will be denied.

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3. Do you understand that you must report changes to any information on this application within 10 days of the change?      **Yes**      **No**
4. Do you understand that if you are providing information on behalf of other people, you must provide accurate information and safe guard that information?      **Yes**      **No**
5. To the best of your knowledge, do you declare that this application is a true and correct statement of every point?      **Yes**      **No**
6. Do you understand that if it is not accurate, you could be convicted of perjury and may be sentenced to imprisonment of not more than five years or payment of a fine of not more than \$10,000 or both?      **Yes**      **No**
7. Do you understand that if it is not accurate, you may have other penalties for not telling the truth?      **Yes**      **No**
8. Do you understand that if you are determined eligible for Medical Assistance for COVID-19 Testing, the following apply:      **Yes**      **No**
- a. Your information may be shared as needed and as allowed or required by law?
  - b. Your information may be shared for purposes of getting any money from other health insurance, legal settlements, or other third parties?
  - c. Your information may be shared for fraud prevention investigation?
9. Please state and spell your full name and state your date of birth as your verbal signature. Read the person's name with spelling, and date of birth to confirm the signature.      **Yes**      **No**

Full Name

DOB

SSN