

Participant Name: _____

Medicaid ID Number: _____

Legally Responsible Individual (LRI) Review Request Attestation

The case manager obtained and recorded verbal responses during this LRI review request process based on answers received from the participant and others present. After this process, the case manager verbally reviewed all responses with the participant and all other individuals present for the application process. The case manager did not receive any objections, questions, or requests to revise any of the responses. This attestation should be considered a true and accurate reflection as of the date and time completed as indicated by the signatures below.

Participant Signature

Date

Print Participant Name

PDS Representative Signature

Date

Print PDS Representative Name

Guardian Signature

Date

Print Guardian Name