

Participant Name: _____

Medicaid ID Number: _____

Legally Responsible Individual (LRI) Application Attestation

The case manager obtained and recorded verbal responses during this LRI application 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:

_____ Date _____

Guardian/Representative:

_____ Date _____

Case Manager:

_____ Date _____

Others Present:

This may include other family members, friends, interpreters, etc.

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____