By my signature below, I confirm that I have read and understand the Summit Self-Directed Community First Choice/Personal Assistance Services (SD-CFC/PAS) Personal Assistant Manual.

- I understand that misrepresenting hours worked or tasks performed is considered Medicaid fraud and will be reported to the Montana Medicaid Fraud Control Unit.
- I understand my responsibilities as a Personal Care Attendant in the Summit SD-CFC/PAS program.
- I am aware I can discuss any questions or concerns I have with Summit SD-CFC/PAS staff.

_____

Signature Date