

EMPLOYEE VERIFICATION OF QUALIFICATIONS

**HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER
Traumatic Brain Injury (TBI)**

Employee to provide the Waiver Service

Service Provider Name

Waiver Service you are applying for

Address

Waiver Service Position, if applicable

Telephone

I have submitted my resume and supporting documents which accurately reflects my education and work experience.

Employee Signature

Date



This individual has met the eligibility criteria for this position in the following manner:

Education: A copy of this individual's _____ diploma or official sealed transcript
_____ license is attached to this form.

Experience: _____ This individual's experience, relevant to this position, is highlighted on his/her attached resume. (****Please circle this person's relevant experience on the attached resume for quick reference for the interviewers****).

I have interviewed this individual and reviewed his/her resume. I verified his/her education, required licensures and work experience. Per waiver eligibility criteria, this individual is qualified to provide waiver services in the above named position and has been hired as an employee of our agency.

Service Provider Representative Title Signature Date