

**Maryland Developmental Disabilities Administration (DDA)
Low Intensity Support Services (LISS) Program**

Attestation Form

The DDA is committed to supporting children and adults with developmental disabilities and/ or intellectual disabilities and their families. The DDA's Low Intensity Support Services (LISS) Program follows the same principle with the funding and support of the Maryland General Assembly. Requirements for the LISS Program are set forth in Section 7-717 of the Health-General Article of the Maryland Annotated Code and Title 10, Subtitle 22, Chapter 14 of the Code of Maryland Regulations (COMAR 10.22.14).

To ensure that this program provides accessibility and equality, all parties must comply with applicable laws and regulations governing the LISS Program, including the recipients of LISS Program funding. To maintain the integrity of this program, fraudulent activity such as incorrect information submitted or misappropriation of State funds for personal gain is prohibited and could result in civil or criminal penalties.

This Attestation form serves as an agreement between the DDA LISS program and the recipient of LISS Program funding. There are two agreements within this form. The recipient (LISS applicant) is to read both agreements below, sign and date and submit back to the LISS provider.

First agreement: Providing accurate information.

I, _____ agree to the following:
(Name of LISS Applicant and/or parent/legal guardian)

Per COMAR 10.22.14.05: I will submit a completed LISS Program application form that includes true and accurate information to establish whether I am eligible for LISS Program funding. In addition, I attest to my agreement with the following statements.

- 1) I am a resident of the State of Maryland requesting funding for eligible service as noted on the LISS website at <http://dda.dhmh.maryland.gov/SitePages/liss.aspx>.
- 2) I understand that I must provide documentation of an eligible diagnosis.
- 3) I understand that I am requesting to participate in a random selection. If selected, I will be required to provide documentation verifying my identity, disability, residency, and identifiable, eligible, services/items delivered or provided by an eligible vendor.
- 4) I understand funding through LISS is not an entitlement.
- 5) I understand that a representative from the LISS provider serving my county will notify me of the status of my application and provide next steps.
- 6) I hereby attest that the information provided on the Random Selection Application and Service Eligibility Application is accurate to the best of my knowledge.

Print Name: _____ Signature: _____
(Name of LISS Applicant and/or parent/legal guardian)

Date: _____

Second agreement: The utilization of State funding

I, _____ agree to the following:
(Name of LISS Applicant and/or parent/legal guardian)

Any LISS funding that I am awarded will only be used for covered services, as provided in COMAR 10.22.14.07, and not for an impermissible use or purpose, as provided in COMAR 10.22.14.08. <http://www.dsd.state.md.us/COMAR>.

In addition, I attest to my agreement with the following statements:

- 1) The documentation submitted for services/supports eligible for funding by the LISS Program is from a verifiable, vendor/company.
- 2) LISS applicant/recipient of funding will notify the LISS provider of any eligible items purchased with LISS Program funds, that need to be returned to the chosen vendor/company.
- 3) LISS applicant/recipient will not automatically return any items purchased with LISS Program funds to the actual company/vendor's physical store for cash, gift cards/gift certificates or instore credit.

Print Name: _____ Signature: _____
(Name of LISS Applicant and/or parent/legal guardian)

Date: _____

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