



Section IV – Acknowledge Statement

I certify:

- I have read and understand my responsibilities for EVV.
- I was given an oral explanation of this form and given a copy.

Failure to follow your responsibilities may result in a Medicaid fraud referral or your services may be denied, suspended or terminated.

Signature - Member or Legally Authorized Representative

Date

Signature - Family Member or Caregiver (optional)

Date

Signature – MCO Service Coordinator

Date