**HCS Expanded Visitation Residence Attestation**

*Instructions: Maintain this document in the residence to attest the residence’s COVID-free status. You may be asked to make this document available to surveyors, and surveyors may validate the information on this attestation as part of survey activities.*

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| --- | --- |
| Program Provider Name: |       |
| Contract #: |       |
| Location Code:  |       |
| Residence Address: |       |
| Date Completed: |       |

The program provider attests that, to the best of their knowledge:

[ ]  No new positive or probable cases of COVID-19 have presented among individuals or staff in the last 14 days.

[ ]  The residence has access to staff and PPE to provide essential care and services to the individuals living in the residence.

[ ]  The program provider has a plan to respond to confirmed or probable cases of COVID-19 in the residence, to include a viable back-up plan for host home services.

[ ]  The emergency preparedness plan required by 40 TAC §9.178(d) has been updated to address COVID-19.

Person completing this attestation:

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|       |       |       |
| Name | Title | Contact Information |