



CERTIFICATION STATEMENT

1. The Provider agrees and shall certify under penalty of perjury that all claims for services provided to Regional Center clients have been provided to the clients by the Provider.
2. The services were to the best of the Provider's knowledge, provided in accordance with the consumer's written Individual Program Plan.
3. The Provider shall also certify that all information submitted to the Regional Center is accurate and complete.
4. The Provider understands that payments of these claims will be from federal and/or state funds, and any falsification or concealment of a material fact may be prosecuted under federal and/or state laws.
5. The Provider agrees to keep for a minimum period of **five years** from the date of final payment for the state fiscal year in which services were rendered or until audit findings have been resolved, whichever is longer, a printed representation of all records which are necessary to disclose the extent of services furnished to the consumer.
6. The Provider agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services; the Medi-Cal Fraud Unit; California Department of Development Services; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, or their duly authorized representatives.
7. The Provider also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.

Vendor Signature

Date

Vendor Number

Vendor Name

