

GROUP CERTIFICATION OF RETAINED FUND BENEFICIARY ELIGIBILITY »

This is to certify that all of the individuals named on the attached are eligible to be Beneficiaries of funds from the Wispect Retained fund administered by [AgencyName], in that all are known by [AgencyName], based on documentation in its files, to fall into one of the following categories:

_____ Recipients of Social Security Disability Insurance benefits, SSI or Medicaid based on disability.

_____ Participants in the Children's Long-Term Support Waiver, Family Care, IRIS or Partnership programs.

Signed on behalf of [AgencyName] by: _____

Name: _____ Position: _____

