ATTACHMENT E: STATEMENT REGARDING EXCLUSION LISTS

The Applicant must attest that neither the provider nor its staff, contractors, subcontractors, or vendors are on any of the three Excluded Individuals and Entities lists:

- List of Excluded Individuals and Entities (LEIE)  [http://oig.hhs.gov/fraud/exclusions.asp;](http://oig.hhs.gov/fraud/exclusions.asp)
- System for Award Management (SAM)  
- Department of Human Services’ Medicheck List  
  [http://www.dhs.state.pa.us/publications/medichecksearch/](http://www.dhs.state.pa.us/publications/medichecksearch/)

_____ I attest that the Applicant meets the above requirement

________________________________________  ____________________________
Authorized Signature  Date

________________________________________
Print Name and Title